TRUST POLICY

HEALTH SURVEILLANCE

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All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.

FAST FIND:

Read this policy in conjunction with the following:

- Action card SUR1 – Health surveillance and monitoring procedures
- Skin Audit Checklist

The Trust’s strategies for health surveillance are detailed in section 5 of this document.

See section 6 for details of the individuals who may carry out health surveillance.

DOCUMENT OVERVIEW:

- Repeated uncontrolled exposure to some Health Hazards can result in chronic ill health to workers
- Health Surveillance allows the Trust to ensure the controls are effective by providing an opportunity for early identification of signs of ill health
- A range of non-technical and technical techniques can be employed to monitor health changes.

This document may be made available to the public and persons outside of the Trust as part of the Trust’s compliance with the Freedom of Information Act 2000
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2. DEFINITIONS
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4. ROLES AND RESPONSIBILITIES
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Action cards

SUR1 Health surveillance and monitoring procedures
1. INTRODUCTION

Repeated uncontrolled exposure to some Health Hazards can result in chronic ill health to workers. Health Surveillance allows the Trust to ensure the controls are effective by providing an opportunity for early identification of signs of ill health. A range of non-technical and technical techniques can be employed to monitor health changes.

Carrying out health surveillance helps the Trust to fulfil the requirements of the Health and Safety at Work Act. There are also separate pieces of legislation which outline requirements for health screening, such as making eyesight testing available under the Health and Safety (Display Screen Equipment) Regulations and fitness for work health assessments offered to night workers under the Working Time Regulations.

2. DEFINITIONS

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health surveillance</td>
<td>Systematic, regular and appropriate procedures that detect early signs of work-related ill health among staff exposed to particular health risks; and acting on the results.</td>
</tr>
<tr>
<td>Health screening</td>
<td>A programme designed to evaluate the health status and potential of an individual. This may include personal and family health history and where appropriate, physical examination and/or diagnostic testing.</td>
</tr>
<tr>
<td>Medical surveillance</td>
<td>Clinical examinations undertaken by a doctor looking for a specified reaction.</td>
</tr>
<tr>
<td>Baseline health assessment</td>
<td>Carried out when an individual takes up or changes job. May only be considered as health surveillance where it establishes baseline information that can be compared with the later results from surveillance. The assessment must be relevant to the job in question.</td>
</tr>
<tr>
<td>Biological and biological effect monitoring</td>
<td>Measuring and assessing the take-up of, or the effects of, exposure to substances such as lead or other chemicals, by testing blood, urine or breath samples.</td>
</tr>
<tr>
<td>COSHH</td>
<td>Control of Substances Hazardous to Health. Hazardous substances can be chemicals, solvents, fumes, dusts, gases and vapours, aerosols, biological agents (micro-organisms).</td>
</tr>
<tr>
<td>DSE</td>
<td>Display Screen Equipment.</td>
</tr>
<tr>
<td>HAVS</td>
<td>Hand-Arm Vibration Syndrome.</td>
</tr>
<tr>
<td>Health monitoring</td>
<td>Assessment of fitness to work according to legal or other standards.</td>
</tr>
<tr>
<td>Qualified person</td>
<td>Health professional qualified to examine others for signs of ill health.</td>
</tr>
<tr>
<td>Responsible person</td>
<td>Individual with basic training that renders them able to examine others to check for specific signs of ill health, or checking answers on simple periodic questionnaires about symptoms.</td>
</tr>
<tr>
<td>Wet Work</td>
<td>Work that involves hands being wet for significant periods during the working day (e.g. more than two hours per day or 20-40 hand washes per day). It is of particular concern when hands are exposed to soaps, detergents and solvents.</td>
</tr>
<tr>
<td>Risk phrase</td>
<td>Chemical data sheets in many countries now bear a coded system as a shorthand means of recording standard hazards. All risk phrases begin with the letter R and are standardised. A full list is available on the Health and Safety Executive website.</td>
</tr>
</tbody>
</table>

3. PURPOSE

Health surveillance aims to put in place systematic, regular and appropriate procedures to detect early signs of work-related ill health among staff exposed to certain health risks; and acting upon those results.

The benefits associated with health surveillance include:

- Detecting health problems at an early stage, protecting staff and confirming whether they are still fit for work
- Checking that control measures are effective by giving feedback on risk assessments and
proposing further actions

- Providing data to detect and evaluate health risks
- Instructing staff in safe and healthy working practices
- Giving staff the chance to raise concerns about the effect their work may have on their health

This document will also assess when and where health surveillance is not required. Health surveillance will not be required where it has been assessed 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 can 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 but may be limited to keeping health records.

4. ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
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</table>
| Chief Executive | • Ultimate responsibility for the health and safety of Trust staff  
• Provides the leadership and commitment to its principles and the effective implementation of its requirements |
| Divisional Directors, General managers, Senior clinicians & Department Leads | • Ensure effective implementation of policy and encourage improvements in their area of responsibility  
• Arranging environmental monitoring, surveys or reports and responding to adverse findings  
• Responding to adverse findings reported by Occupational health following health surveillance  
• Ensure skin audits are completed in relevant areas according to schedule |
| Occupational Health Service | • Provide advice and information on health surveillance/monitoring  
• Carrying out health assessments and provide reports  
• Retaining all relevant records  
• Liaising with the Risk Department on incidents reportable under the RIDDOR regulations  
• Make reports to the Trust Health and Safety Committee |
| Line Managers | • Overseeing health surveillance in their own area, including carrying out relevant risk assessments  
• Liaising with Occupational Health where assessments and advice are required  
• Issuing health surveillance advice to staff  
• Ensuring new staff receive appropriate health surveillance |
| All staff | • Take reasonable care for the health and safety of self and others  
• Co-operate with any requirements for health surveillance or monitoring  
• Report any significant symptoms of ill health or communicable disease directly related to their work  
• Comply with safe systems of work, training or other safety instructions |
| HR department | • Monitor sickness absence records for issues related to work-acquired health problems |
| Risk department | • Maintenance and review of this policy, and associated monitoring of compliance  
• Supporting staff in fulfilling their responsibilities  
• Completing formal reports to statutory bodies |

5. STRATEGIES FOR HEALTH SURVEILLANCE

5.1 When to carry out health surveillance

Health Surveillance for Trust staff must be considered when:

- There is an identifiable disease or adverse health outcome
- The disease or health effect may be related to exposure to a hazard, substance, process or procedure
- There is a likelihood that a disease or health effect may occur as a result of the type of work being undertaken
- There are valid techniques for detecting indications of the disease or health effects
- Health surveillance can provide accurate results, is safe and practical and is likely to benefit staff
5.2 Activities which may necessitate health surveillance

These include:

- Woodworking in workshops (noise, wood dust, vibration)
- Plaster rooms (plaster dust, noise, vibration)
- Theatres (skin and respiratory sensitizers, noise, vibration)
- Endoscopy and Surgical Day Unit (respiratory sensitizers)
- Grounds maintenance (noise and vibration)
- Vehicle repair (respiratory sensitizers)
- Specialist Care Units, laboratories, domestics, cleaners and restaurant workers (frequent hand washing or wet work)

5.3 Assessing the need for health surveillance

Health surveillance alone will not control exposure to hazards, but will give information that enables appropriate action to be taken to protect employees’ health. Managers must:

- Decide whether there is a hazard to health and identify those staff who may be at risk (consider chemical, biological, and physical agents and work activities)
- If there is a considerable risk, a risk assessment must be undertaken to quantify the risks. The general risk hierarchy of Eliminating, Reducing, Isolating, Controlling, providing PPE, supervision and being disciplined to manage the risks, must be adhered to
- Decide if health surveillance is required (it may be a statutory requirement under specific regulations such as COSHH and will probably be required under the Management of Health & Safety Regulations)
- Design and implement control measures and undertake health surveillance as per the following action guide.

5.4 Health surveillance action guide

- Consult and involve employees and their representatives
- Obtain specialist advice if appropriate (e.g. Occupational Health, Infection control, Risk Department)
- Identify the most suitable health surveillance procedures, taking into consideration the type of hazard, degree of risk, likely health effects, affected employees and relevant procedures
- Design and set up the health surveillance programme and appoint a local manager to lead on managing the programme
- Carry out the programme, obtain feedback, make necessary adjustments, and keep records.
- Monitor the programme over time and constantly evaluating it and the risk assessment to protect individuals.

5.5 Content of health surveillance programmes

Systems are in place across the Trust for respiratory and skin surveillance, but individual’s managers are responsible for identifying the need for health surveillance programmes in their area after completing a risk assessment.

Programmes may involve any or all of the following:

- Self-checking by the staff themselves or by managers/supervisors for signs of ill-health/disease
- Periodic inspection/examination by occupational health professionals (e.g. hearing tests, lung function tests, more detailed skin checks)
- Medical surveillance by a doctor
- Biological or biological effect monitoring to measure take-up of, or effects of, exposure to substances
- Baseline health assessments on take-up or change in job
- Sharing of information with staff and their representatives
- Record keeping
5.6 Health surveillance processes

These may include:

- Pre-placement and annual medical examinations to assess an individual's fitness for work (e.g. under Ionising Radiations Regulations).
- Health monitoring to meet legal requirements (e.g. under Display Screen Equipment Regulations).
- Fitness for work health assessments offered to night workers under the Working Time Regulations.

6. WHO MAY CARRY OUT HEALTH SURVEILLANCE

6.1 Self checks

- The Trust is responsible for ensuring that those who carry out self checks for health surveillance purposes are properly trained.
- Employees must know how to self refer if they notice anything which gives them concern.
- Self checks on their own are not sufficient and can only be done as part of an overall health surveillance programme.

6.2 Checks by a responsible person

- Individuals designated as a responsible person for making basic checks must be trained by an occupational health doctor or nurse. They may be managers, supervisors or first aiders.
- Responsible persons are able to identify straightforward signs and symptoms caused by working with certain substances or processes.
- Responsible persons must not be expected to diagnose the possible cause of symptoms.

6.3 Checks by a qualified person

Qualified persons hold recognised health qualifications (nursing or technical) and are able to carry out diagnostic testing procedures.

6.4 Clinical examinations

- All clinical examinations must be carried out or supervised by a doctor. In some cases this is a legal duty (for example for employees exposed to lead); in others the nature of the tests will require the expertise of a doctor to interpret the results and advise on their significance.
- Examination by a doctor is also likely to be necessary where health surveillance by a responsible person or an occupational health nurse has identified possible work-related ill health that requires further investigation, diagnosis and treatment.

6.5 Biological monitoring and biological effect monitoring

- These are usually carried out by or supervised by a doctor and may include tests for poisonous substances in blood or urine.
- Samples can be taken by a suitably trained person.

7. TRAINING

See training needs analysis document.
8. MONITORING OF COMPLIANCE

<table>
<thead>
<tr>
<th>Criteria (objective to be measured)</th>
<th>Monitoring methodology</th>
<th>Lead responsible</th>
<th>Timescales</th>
<th>Reporting arrangements</th>
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<tbody>
<tr>
<td>Are Health Surveillance Risk assessments being undertaken and complied with?</td>
<td>Local managers must undertake and document risk assessments. Local inspections; incident reports and incident inspections. Identify hazards from this data</td>
<td>Divisional leads delegated to Local managers</td>
<td>On-going, as and when new staff are employed or when there are new processes and procedures put in place</td>
<td>Inform Occupational Health when assistance required</td>
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</table>

9. REFERENCES


<table>
<thead>
<tr>
<th>DOCUMENT PROFILE</th>
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<tr>
<td>ASSURING GROUP</td>
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<td>APPROVING GROUP</td>
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| APPROVAL DETAILS  | Policy application: 23/04/14  
Policy approval: Health and Safety Committee, October 2013  
TPAG approval: 22/04/2014 |
| EQUALITY IMPACT ASSESSMENT | 23/04/2014 |
| CONSULTEES        | Health and Safety Committee, Occupational Health |
| DISSEMINATION DETAILS | Upload to Policy Site; global email; cascaded via divisions |
| KEYWORDS          | Surveillance, health, safety, skin |
| RELATED TRUST DOCUMENTS | Action card SUR1; Risk Assessment Form – Hand Washing; Screening questionnaire for hand surveillance; record of skin inspections; recording of skin check by appointed person flowchart |
| OTHER RELEVANT DOCUMENTS | Health and Safety Policy |
| EXTERNAL COMPLIANCE STANDARDS AND/OR LEGISLATION | • Management of Health and Safety At Work Regulations 1999  
• COSHH 2010 |