

Index No. H30

Health Surveillance Policy and Procedure

Clinical Lead: Stephen Moore, Occupational Health Physician

Author(s):	Jackie Farrow – Occupational Health Services Manager
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Completion of the following signature blocks signifies the review and approval of this process signed hard copy held by scrutiny chair, 8th Floor Thorpe House

Approval and Authorisation

Name	Job Title	Signature	Date
Authored by: - Jackie Farrow	Occupational Health Services Manager		
Approved by:-			
Authorised by:- Dr			

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Equality Issues

Issue	Consultation Level	Date
Race	Level 3	
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A translation service is available for this policy. The Interpretation/Translation Policy, Guidance for Staff (I55) is located on the library intranet under Trust wide policies.

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1.0 INTRODUCTION

Employers have a responsibility to carry out risk assessments that will identify circumstances in which health surveillance is required by specific health and safety legislation.

2.0 PURPOSE

The purpose of this policy is to:-

- Comply with current legislation.
- Ensure employees are fit to undertake work duties, minimizing risk to health.
- Ensure employment does not further compromise an existing medical condition.
- Maintain the health of employees whilst at work.
- Identify at any early stage any potential health concerns and take appropriate action.
- Ensure employees maintain their ability to fulfill their contractual duties without compromising themselves or colleagues.
- Provide justification for future health surveillance.

3.0 SCOPE

This policy is applicable to all Trust staff that may be potentially exposed to respiratory and skin sensitiser health hazards at work. The expression 'Trust staff' includes agency workers, locums and volunteers.

4.0 RELEVANT DOCUMENTS

- The Health and Safety at Work Act 1974 (HaSaWA)
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Management of Health and Safety at Work Regulations 1999
- EH40/2005 Workplace Exposure Limits
- HSE (1999) Health Surveillance at Work
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Deacon S.D.V (1995) Health Surveillance at Work, Herts. TCP Ltd

5.0 RESPONSIBILITIES

5.1 Managers Responsibilities

- 5.1.1 All managers within the Trust are responsible, so far as is reasonably practicable, for the health, safety and welfare at work of all employees.
- 5.1.2 Managers have the responsibility for ensuring that no work which is liable to expose staff to substances hazardous to health is carried out by employees unless a suitable and sufficient assessment of the risk has been undertaken (see COSHH Policy C80. and Guidance on Risk Assessment R.80 Policy) *insert link here*
- 5.1.3 Following a suitable and sufficient risk assessment, managers are required to advise the Occupational Health (OH) Department of those members of staff who need to be considered for health surveillance. (COSHH Policy Appendix 3 Health Surveillance – Managers check list). *Insert link here*
- 5.1.4 Managers must assess the risks to health from respiratory sensitisers and; if needs be provide good standards of Local Exhaust Ventilation (LEV) to control exposure within recommended Workplace Exposure Limits (WEL's). LEV must be well maintained and serviced regularly.
- 5.1.5 Information, training and instruction must be provided to employees to Inform them of the health hazards of respiratory and skin sensitisers, the control measures for protection and the purpose of health surveillance. Suitable protective personal equipment must be provided where indicated.
- 5.1.6 Suitable levels of supervision should be established and checks made on compliance and instruction.

5.2 Employees Responsibilities

To ensure the Trust complies with the law, those employees identified as needing health surveillance are required to cooperate and fulfill their responsibility by attending the Occupational Health Department when requested to do so.

6.0 CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH REGULATIONS (COSHH) 2002

COSHH Regulations place specific duties on employers to assess the risks to health arising from the use of hazardous substances during work and to implement control measures to protect the health and well being of employees. Managers, supervisors and any members of staff involved in, or managing / supervising others using hazardous substances should refer to the Trust's COSHH Policy (C30) when needed.

6.1 Workplace Exposure Limits

Exposure to chemical substances in the workplace may be harmful to health. The Control of Substances Hazardous to Health regulations require such exposure to be prevented, or where this is not reasonably practicable to be adequately controlled. Such controls should be achieved by a hierarchy of measures based on the elimination or substitution of harmful substances; engineering controls such as local exhaust ventilation or the use of personal protective equipment (see COSHH policy C.30). [insert link here](#)

6.2 Routes of Body Entry

6.2.1 Exposure to harmful substances can occur by INHALATION by breathing in dusts, fumes or vapors; INGESTION due to poor controls on eating, drinking and smoking habits in the work environment; ABSORPTION through the skin which is dependent on the solubility of the substance, contact surface area and exposure time. All routes have to be taken into account but inhalation is the primary route into the body.

6.2.2 The Health and Safety Commission (HSC) sets workplace limits to define the standards for the control of exposure to harmful substances in the workplace. These are reviewed and published by the Health and Safety Executive (HSE) annually in **EH 40 / Workplace Exposure Limits**.

7.0 REPORTING OF INJURIES DISEASES AND DANGEROUS OCCURRENCES REGULATIONS (RIDDOR) 1995

7.0.1 These regulations require certain types of work related injuries, diseases and dangerous occurrences to be notified to the relevant enforcing authority. Failure to comply is a criminal offence.

7.0.2 Refer to Kettering General NHS Foundation Trust (KGH) Health and Safety Policy (H10) for the reporting procedure. Policy document can be found on the Trust intranet site. *Insert link here*

7.1 Reportable Occupational Diseases

7.1.1 The schedule of diseases to be notified are related to particular work activities. The general diseases include but are not restricted to:

- Certain poisonings
- Some skin diseases
- Lung diseases including occupational asthma, asbestosis
- Infections including hepatitis, tuberculosis, caused by a pathogen at work
- Other conditions including occupational cancer

8.0 Specific Occupational Hazards - Respiratory Sensitisers

8.1 Respiratory sensitisation is the process by which an individual develops an allergic response to an antigenic substance to which they are exposed in their environment, whether at work or home.

8.1.1 The Approved Code of Practice for the Control of Respiratory Sensitisers defines respiratory sensitisers as substances which “if inhaled can cause an increased responsiveness of the respiratory system, such that re-exposure to the substance at concentrations too low to cause symptoms in unaffected people may lead, in affected people, to asthma, alveolitis, rhinitis or conjunctivitis. A symptom enquiry may be used to detect early symptoms and lung function testing (spirometry) may show evidence of airways obstruction before lower respiratory symptoms become apparent.

8.1.2 Many substances have been identified as potential respiratory sensitisers and their number grows each year. It is recognised that sensitisation is more likely to occur if exposure levels are high and is commoner during the early weeks or months of exposure although symptoms can occur in any exposed member of staff at any time. The commonest respiratory sensitisers encountered in the NHS and external industries are listed in Appendix 1. A more comprehensive list can be found in HSE publications and reference occupational health texts (examples in Appendix 2).

8.1.3 Some features of respiratory sensitisation include:

- Sensitisation is substance specific
- Risk of sensitisation is related to inhaled concentrations
- Short term high exposure may promote sensitisation
- Only some workers will become sensitised
- Respiratory sensitisation is irreversible
- Symptoms do not occur on first exposure
- Re-exposure produces symptoms only in sensitised workers

8.1.4 Employees who are in contact with known respiratory sensitisers, such as aldehydes, (formaldehyde and glutaraldehyde), bone cement, Neofract, Pentamidine, and wood dust; will be given a lung function test and questionnaire to complete at pre-employment assessment or on commencement of work. Thereafter, they will be reviewed annually. More frequent assessments may be undertaken if indicated.

8.2 Skin Sensitisers / irritants

8.2.1 Irritants

Exposure to chemical substances which may lead to an irritant reaction.

8.2.2 Sensitisers

Exposure to substances which can result in the development of an allergic reaction which recurs on repeated exposure. (see examples in Appendix 2)

- 8.2.3 New employees are assessed for dermatitis or latex allergy risk at pre-employment.
- 8.2.4 Health surveillance for skin disease needs to rely on self reporting and regular inspection by a “responsible person”. All new cases of skin disease must be referred to the OH Department. The Control of Substances Hazardous to Health Approved Code of Practice (ACoP) recommends that health surveillance should be conducted for certain specified occupational exposures. (See Appendix 1 – list of irritant or sensitising substances to the skin).
- 8.2.5 Annual questionnaires must be completed by all staff members who regularly wear latex gloves. Managers must ensure that there are local robust systems in place to ensure that regular skin checks are in place and carried out. Training for named responsible persons is available from Occupational Health (see Management of Dermatoses including Latex Allergy Policy D.30).

9. Staff Groups where health surveillance should be considered include:

- Laboratory Staff (formalin, formaldehyde, adhesive, TB)
- Orthodontic Technicians (methylmethacrylate)
- Pharmacy Staff (cytotoxic reconstitution)
- Estates Staff (welding & soldering fumes, wood dust, dusts, oils, coolants, descaling agents)
- Staff that are required to wear latex gloves as identified by risk assessment

N.B. This policy does not cover the management, control and monitoring of occupational exposure to Ionising Radiation, see Trust Policy for the Safe use of Ionising Radiations and Associated Equipment for further details.

10. PROCEDURE FOR HEALTH SURVEILLANCE

Prior to undertaking any health surveillance programme, the Occupational Health Nurse/Adviser should be fully conversant and make reference to supporting operational Occupational Health procedures (Shared computer ‘X’ Drive) or file. This contains practical processes, questionnaires and forms, etc.

10.1 Health Surveillance

- 10.1.1 Trust Health and Safety Policies which incorporate the risk assessment process should be followed by all managers and can be found in the Trust Health and Safety Policy (H10) or on the Trust Intranet.
- 10.1.2 The objective and benefit of health surveillance is to detect adverse health effects at an early stage to enable the prevention of further harm.
- 10.1.3 In addition, health surveillance provides a means of validating control measures, evaluating the accuracy of the risk assessment and identifying / protecting individuals at increased risk.

Health surveillance should be undertaken if:

- An identifiable disease or adverse health condition related to work may occur.
- Valid techniques are available for detection.
- Surveillance is likely to further sustain the health of employees.

10.2.2 The minimum requirement is the keeping of an individual health record.

10.2.3 Procedures may include:

- Inspection of readily detectable conditions by a responsible person
- Enquiries about symptoms and examination by a qualified person e.g. Occupational Health Nurse.
- Medical surveillance and clinical examination by a qualified medical practitioner.
- Biological monitoring e.g. measurement of workplace agents and / or metabolites in blood, urine, excreta.
- Biological effect monitoring e.g. lung function tests.

10.2.4 The frequency of health surveillance programmes should be determined by the outcomes of completed risk assessments and the implementation of appropriate control measures.

10.2.5 Employees are under a general duty (HaSaWA section 7) to co-operate with their employers and participate in health surveillance programmes.

10.3 Health Surveillance Process

The health surveillance process begins with:

10.3.1 Pre-employment Health Assessment

All prospective employees must complete a pre-employment health questionnaire in accordance with KGH recruitment and pre-employment screening policies.

12.3.2A Pre-employment Health 'fitness certificate' report is provided to the manager and Recruitment Services. It is then the manager's responsibility to ensure all new employees attend Occupational Health for a baseline Health Assessment and vaccination review. Any need for health surveillance should be clearly identified by the manager. The health surveillance process continues with:

10.3.2 Baseline Health Surveillance

This should be performed during the first week of employment and before exposure to the identified hazard to establish baseline parameters.

10.3.4 Periodic Health Surveillance

Health surveillance will continue regularly following baseline surveillance, at a frequency dependent upon hazard, risk, control measures and previous test results. Generally this will be:

- Six weeks and 12 weeks after commencing employment then
- Annually

10.3.5 Occupational disease detected during routine surveillance must be notified to the employer and reported to HSE as required by the RIDDOR Regulations 1995. Managers / Supervisors are responsible for informing the Trust Health and Safety Lead of any RIDDOR incidents. Confirmation of diagnosis will be made by the Occupational Health Physician and the relevant Manager / Supervisor informed in writing if a RIDDOR report is required.

10.4 Record Keeping

10.4.1 A suitable record should be kept by the OH Department, of all occupational health surveillance assessments. Further baseline health surveillance records should be kept by the appropriate manager. Such records will be kept for a period of 40 years.

10.4.2 The required record content may be defined when statutory health surveillance is undertaken for specified hazards – principally those in schedule 6 of the COSHH regulations.

10.4.3 For other health surveillance procedures, general advice is given in Control of Substances Hazardous to Health Regulations (Regulation 11:3).

10.4.4 A record containing the following particulars should be kept for every employee undergoing health surveillance:

- Surname, forenames,
- sex,
- date of birth,
- permanent address, postcode,
- National Insurance Number,
- date of commencement of present employment
- and a historical record of jobs involving exposure to substances requiring health surveillance in present employment.

10.4.5. The record should relate to conclusions of all other health surveillance assessments and the date on which and by whom they were carried out. The conclusions should be expressed in terms of the employee's fitness for his work and should include, where appropriate, a record of the decisions of the Occupational Health Adviser / Practitioner or responsible person. The record should not include confidential clinical data.

10.4.6 An individual health record must be kept in a suitable form for a period of at least 40 years from the date of the last entry in accordance with COSHH Regulation 11.

10.4.7 Employees are entitled to have access to their own health records. The employer must arrange for these records to be available and the records should be accompanied by an adequate medical explanation.

10.4 Continuing Health Surveillance

In certain circumstances it may be appropriate for health surveillance to be continued after the cessation of occupational exposure to a substance hazardous to health. This is particularly likely if the substance has a long latent period between exposure and the onset of the adverse health effect.

10.6 Ethical Considerations

10.7.1 Occupational health surveillance undertaken for the management and control of health and safety risks may involve a number of parties, e.g. safety and related professionals. All those involved must be made aware of their ethical responsibilities to maintain strict confidentiality.

10.7.2 Specific health information derived from any occupational health surveillance assessment should not be disclosed to management without the employee's consent. This said, and in order to enable the Trust to meet its legal obligations, information relevant to the management of a specific health and safety risk may be disclosed to the appropriate manager(s).

10.7.3 Group reports may be prepared for management to assess the effectiveness of health and safety control measures, but these should avoid any individual identification

11. Training and Education

Health education is an important part of the occupational health and safety role in protecting staff from health problems which may be associated with respiratory and skin sensitisers. Education and training should include:

- explanation of the dangers of occupational asthma.
- importance of changing clothes after work, washing hands, using control measures such as extraction fans and ventilation units, also wearing relevant PPE, which is the appropriate type, has been regularly maintained, fit tested and regularly replaced
- symptoms to look out for i.e. skin, rhinitis and respiratory symptoms. Emphasising the importance of reporting procedures
- relevant HSE education handouts may be provided.

Health and Safety together with Occupational Health jointly provide a regular training programme for managers / supervisors and others on the Control of Substances Hazardous to Health and the importance of health surveillance.

12. MONITORING AND REVIEW

This policy will be reviewed 2 yearly or following any significant change to work practices, legislation, national guidelines / recommendations by the Occupational Health Service, the Human Resources Directorate and the Non Clinical Risk Health and Safety (NCRHaS) Group. An audit programme will be developed to monitor health surveillance compliance. Attendance statistics will be provided as part of the Occupational Health quarterly and annual reports to the Non Clinical Risk and Safety Group containing anonymised data regarding health surveillance.

13. Key relevant documents

Latex Policy
COSHH policy
Health and Safety Policy
Health Surveillance Policy
Pre-employment screening policy
Risk Assessment Guidance
IC1 Standard (Universal) Infection Control Precautions
Management of Dermatoses including Latex Allergy

14. Equality Impact Assessment

These procedures principally apply to all members of staff, visitors, contractors and their employees, agency staff and 'bank' staff alike.

An equality impact assessment has been completed for this document and is kept in the Occupational Health Department.

15. Consultation

This document has been circulated for comment to the following:

- Non Clinical Risk Health and Safety (NCRHaS) Group
- Human Resources Directorate Policy Group

16. Dissemination and Implementation

This document will be widely circulated within the Trust, including all Heads of Department and Ward Managers and will be made available on the Trust's intranet site. The policy will be 'broadcast' as a NewsFlash item. Relevant changes will be brought to the attention of staff during circulation.

Induction programmes and relevant Occupational Health awareness training sessions are included in the Trust's training prospectus. Additional training will also be targeted at those with responsibility for management.

17. Control of Documents including Archiving Arrangements

Once approved by the Non Clinical Risk Health and Safety Group and ratified by the Quality Governance Board, this document will be assigned a reference and placed on the Trust's intranet site for ready access.

Occupational Health will arrange for members of staff to be advised when this document is superseded and for arranging for this version to be removed from the Trust's intranet. This policy will be archived in accordance with NHS guidelines, currently to be retained for six years.

List of Respiratory sensitisers in the NHS working environment
(List not exhaustive or exclusive)

Agent (Asthmagen)	Use	Exposed Group
Formaldehyde	Preservative etc.	Pathology laboratory workers
Methyl methacrylate	Constituent of bone cement	Orthopaedic surgeons and theatre staff
Latex	Gloves – infection control and other medical devices	Health care workers
Laboratory animals	Experimental laboratories	Animal handlers and research workers
Drugs (various)	Pharmacy	Pharmacists engaged in mixing loose powders and liquids
Isocyanates	Constituent of Neofract used for spinal supports Some paints	Occupational therapists Garage workers Estates workers
Epoxy resins	Glues e.g. for flooring	Estates workers
Hard wood dust e.g. red cedar wood	Carpentry	Estates workers Timber workers
Flour	Baking	Bakery staff
Reactive dyes	Textile dyeing	Textile workers

OCCUPATIONAL SKIN DISEASE

List of some specific irritant and sensitising substances		
Acids	Flour	Phenols
Brine	Formaldehyde	Polishes
Cement	Formaldehyde releasers	Rubber chemicals
Chromates	Formaldehyde resins	Shampoos
Colophony	Glutaraldehyde	Soluble oils
Cresols	Hydrofluoric acid	Synthetic coolants
Flour	Isocyanates	Talc
Epoxy resins/hardeners	Methacrylates	Thinners
Fibreglass	Neat oils	White spirit
Some types of categories of chemical products		
Adhesives	Diesel fuels	Local anaesthetics
Alkalis	Dusts	Oils and greasers
Biocides	Flavourings	Preservatives
Degreasers	Flour improvers	Resins
Descalers	Fluxes	Sealants
Detergents	Fragrances	Soaps / skin / cleaners

Deacon S.D.V (1995) Health Surveillance at work, Herts. TCP Ltd

OCCUPATIONAL ASTHMA**LIST OF SOME RESPIRATORY SENSITISERS**

HIGHLY ACTIVE CHEMICALS	
Substances/Products	Typical Processes
Isocyanates	Two pack paint spraying Polyurethane manufacture
Methyl methacrylate	Adhesives
OTHER CHEMICALS	
Chloramine T	Disinfection
Formaldehyde	Preserving
Glutaraldehyde	Disinfection/radiography
PHARMACEUTICALS	
Cephalosporins	Pharmaceutical manufacture
Cimetidine	Pharmaceutical manufacture
Ipecacuanha	Pharmaceutical manufacture
Ampicillins	Pharmaceutical manufacture
Piperazine	Pharmaceutical manufacture
Spiramycin	Pharmaceutical manufacture
ENZYME PREPARATIONS	
Pancreatic extracts	Clinical
FOOD STUFFS	
Egg proteins	Food processing
Crustacean proteins	Sea-food processing (especially crab and prawn)
Flour dust	Milling/baking
Soybean dust	Handling/processing/use

Deacon S.D.V (1995) Health Surveillance at work, Herts. TCP Ltd