

Health Surveillance Policy

December 2022

Version Control History

Version Number	Date of Change	Summary of Revisions Made
V1.0	September 2020	New Policy to clarify roles and responsibilities, to ensure compliance with current legislation and guidance.
1.1	November 2022	Para's 6.2, 6.4 removal of reference to Personal Health Exposure Record. Para 8.1, minor change to wording.

Uncontrolled When Printed

Contents

	Page
Workplace Health Surveillance Policy	1
1 Introduction	1
2 The Statutory Framework	1
3 Definition of Health Surveillance	1
4 Types of Surveillance	2
5 Policy Framework for Managing Health Surveillance	5
6 Responsibilities	6
7 COSHH Assessment	7
8 Advice for Employees Attending Health Surveillance	7
9 Union Representatives	8
10 Linked Policies/Related Documents	8

Workplace Health Surveillance Policy

1 Introduction

- 1.1 UHI Perth is committed to promoting the health, safety and welfare of its staff. This includes health surveillance. Every employer is required to ensure their employees are provided with health surveillance deemed appropriate in relation to the risks to their health and safety specifically identified through the risk assessment process.
- 1.2 College management exercise a general responsibility for health and safety, and employees have a reciprocal responsibility to themselves and others under the legislation.

2 The Statutory Framework

- 2.1 The Health and Safety at Work, etc Act 1974 and the Management of Health and Safety at Work Regulations 1999, place an obligation on the College to make assessments of the risks to staff of work-related ill-health in relation to any work activities, and to take measures to control the risk identified.

3 Definition of Health Surveillance

- 3.1 The Health and Safety Executive defines health surveillance as 'systematically watching out for early signs of work-related ill health in employees exposed to certain health risks'. In addition, the results of health surveillance can provide a means of checking the effectiveness of control measures, providing feedback on the accuracy of the risk assessment, and identifying and protecting individuals at increased risk because of the nature of their work.
- 3.2 The aim is to prevent disease and disability, prevent progression of symptoms where symptoms of exposure are identified, and to help people to stay at work. Health hazards that require health surveillance will have been identified during the risk assessment process. Health surveillance involves putting in place systematic, regular, and specific procedures to detect work-related ill health in staff exposed to certain health risks and acting on the results.
- 3.3 It is the monitoring of the health of an employee to determine if it has been affected in any way by the work they carry out or substances to which they are exposed as a result of work activities. Health surveillance is undertaken, according to the Approved Code of Practice (ACOP) L21 of the Management of Health and Safety at Work Regulations 1999, where:
 - There is identifiable disease or adverse health condition related to the work concerned.

Title: Health Surveillance Policy
Version/Status: 1.1 Final
Approved By/Date: H&SC/12/2022
Issue Date: December 2022

Owner: Depute Principal
Lead Author: Head of HR&OD
Lead Editor: Health, Safety & Wellbeing Adviser
EQIA Approval Date: December 2022

- Valid techniques are available to detect indications of the disease or condition.
- There is reasonable likelihood that the disease or condition may occur under the particular conditions of work.
- Surveillance is likely to further the protection of the health and safety of the employees covered.

4 Types of Surveillance

4.1 Respiratory and Skin Sensitisers

4.1.1 Health surveillance may be needed under the Control of Substances Hazardous to Health Regulations 2002 (COSHH) if an employee is potentially exposed to cleaning chemicals, solvents, fumes, vapours, dusts, biological agents and other substances hazardous to health. Simple checks may include skin inspections and employee reporting symptoms, or more elaborate checks may include lung function testing carried out by the Occupational Health provider.

4.1.2 Respiratory sensitisers including significant exposure to:

- Wood dust.
- Agricultural and horticultural grains and dusts.
- Natural rubber latex.
- Allergenic small molecules (isocyanates, formaldehyde, glutaraldehyde etc).
- Allergenic organic molecules (penicillin, enzymes etc).

4.1.3 Exposure to substances where Schedule 6 of COSHH Regulations specifically applies. Allergy symptoms include:

- Rhinitis (runny eyes and nose).
- Conjunctivitis (itchy eyes and nose).
- Skin rashes.
- Wheezing.
- Tightness of the chest.
- Breathlessness.
- Coughing.

4.1.4 It is important that any of these symptoms are reported to the relevant supervisor and OH as soon as they occur so that they can be properly investigated and appropriate advice given.

4.1.5 Substances that are known to cause skin irritation or sensitisation include:

- Epoxy resins.
- Latex, rubber chemicals.
- Soaps and cleaners.
- Metalworking fluids.
- Wet work.
- Enzymes and wood.
- Corrosive and irritating chemicals.

4.1.6 Signs and symptoms include the skin becoming:

- Red.
- Inflamed.
- Blistered.
- Dry.
- Thickened.
- Cracked.

4.2 Noise at Work

4.2.1 Exposure to excessive noise (noise level and length of exposure) at work leading to loss of hearing is preventable under the Control of Noise at Work Regulations 2005. The method for detecting loss of hearing ability is through hearing checks or audiometry and are applicable to:

- All employees working in defined hearing protection zones or regularly exposed to an averaged exposure over 85dB(A).
- Those employees regularly exposed to between 80dB(A) and 85dB(A) identified as being sensitive to noise induced hearing loss.

4.2.2 Noise at work can cause hearing loss which can be temporary or permanent. Long term exposure to excessive levels of noise can lead to a bilateral sensory deafness known as Noise Induced Hearing Loss (NIHL). This is characterised by a dip in hearing at the 4000Hz frequency.

4.2.3 The Noise at Work Regulations 2005 specifies two action levels (of 80dB(A) and 85dB(A) for employers.

- 80dB(A) – At this level ear protection must be made available and health surveillance must also be available if a risk to health is indicated.
- 85dB(A) – At this level ear protection must be worn and noise exposure must also be reduced as far as practicable by means other than ear protectors.

- 4.2.4 The regulations require the employer to reduce the risk of damage to the hearing of staff from exposure to noise, to the lowest level reasonably practicable. There is a limitation on personal noise exposure, taking ear protection into account of 87dB(A).
- 4.2.5 Initial Audiometry Surveillance – All applicants for roles which have been identified following a risk assessment, that they are likely to cause employees to be exposed to noise levels >80dB(A) (upper exposure action value) will be required to undergo Audiometry testing as part of their initial health assessment.
- 4.2.6 Ongoing Audiometry Surveillance – The Health, Safety and Wellbeing Adviser will contact the managers of those areas where noise levels are identified as being above the upper exposure action value (>80dB(A) following a noise risk assessment. All employees new or existing must comply with any control measures identified through the risk assessments.

4.3 Hand Arm Vibration and Whole-Body Vibration

- 4.3.1 Statutory health surveillance is required for employees exposed to levels of hand-arm vibration as indicated in the Control of Vibration at Work Regulations 2005. The main sources of HAV's in the College may be from the use of:
- Pneumatic tools.
 - Sanders.
 - Grinders.
 - Drills.
 - Routers and moulders.
 - Jig Saws.
 - Chain saws.
 - Leaf blowers.
- 4.3.2 Workers whose hands are regularly exposed to vibration may suffer from symptoms due to pathological effects on the peripheral vascular system, peripheral nervous system, muscles and other tissues of the hand and arm. The symptoms are collectively known as hand-arm vibration syndrome (HAVS).
- 4.3.3 Hand-arm vibration is vibration transmitted from work processes into workers' hands and arms. It can be caused by operating hand-held tools and hand guided equipment or by holding materials that are being processed by machines. Identifying signs and symptoms at an early stage is important. It will allow the College to take action to prevent the health effects from becoming serious. The symptoms include any combination of:

- Tingling and numbness in the fingers.
- Not being able to feel things properly.
- Loss of strength in the hands.
- Fingers going white (blanching) and becoming red and painful on recovery (particularly in the cold and wet), and probably only in the tips at first.

4.3.4 For some people, symptoms may appear after only a few months of exposure, but for others they may take a few years. They are likely to get worse with continued exposure to vibration and may become permanent. The effects on people include:

- Pain, distress and sleep disturbance.
- Inability to do fine work or everyday tasks (eg fastening buttons).
- Reduced ability to work in cold or damp conditions which would trigger painful blanching attacks.
- Reduced grip strength, which might affect the ability to carry out work safely.

4.3.5 Risk assessments will highlight the need for any additional health surveillance or monitoring. These will need to take into account employees who may be immunocompromised, pregnant workers and nursing mothers.

5 Policy Framework for Managing Health Surveillance

- 5.1 Risk assessment for workplace health hazards will be undertaken across the College, and methods for reducing initially or eliminating the risks identified will be put in place.
- 5.2 Managers and supervisors must identify employees who fall within the scope of health surveillance requirements and know how to manage risks effectively, control exposure in the workplace and provide adequate monitoring. Where new employees are identified who require health surveillance or changes to health status of current employees then the HR Department should be notified.
- 5.3 These measures shall be discussed with Trades Union Safety Representatives and the Health and Safety Committee who will oversee monitoring of the policy and other measures to reduce risks to health at work.

6 Responsibilities

- 6.1 The Principal and Chief Executive is responsible to the Board of Management for the management of health, safety and welfare across the College. The Corporate Management Team will ensure that there is an effective policy framework in place, together with a supporting strategy for implementation and guidelines for managing health surveillance.

6.2 Line Managers' Responsibilities

- Conduct and implement risk assessments within their own areas of responsibility ensuring up-to-date copies are made available to the Health, Safety and Wellbeing Advisor.
- Monitor the effectiveness of the control measures. Understand the requirement for health surveillance which must be clearly stated in the risk assessment.
- Provide an updated list of names of employees requiring health surveillance annually.
- Refer any employee to the Occupational Health provider who presents with work related ill-health or symptoms of exposure, without delay, eg respiratory symptoms relevant to exposure to known respiratory sensitisers.
- Inform the HR Department where health surveillance is no longer required or where an employee has a change of role.
- Ensure employees are appropriately trained.
- Ensure that following a review of the risk assessment procedural changes are communicated to employees.
- Ensure employees, Occupational Health and the Health, Safety and Wellbeing Advisor are informed of any changes in work practices that may require additional risk assessment or health surveillance measures.

6.3 Human Resources Responsibilities

- 6.3.1 Give advice and guidance to line managers on the process of referral to Occupational Health.

6.4 Occupational Health Provider Responsibilities

- Provide specialist advice.
- Conduct health surveillance, discuss results and advise on the use of personal protective equipment.
- Work to occupational health surveillance standards and protocols in establishing fitness for work.
- Provide individual and health surveillance role group reports to management on fitness for work following analysis of the results with recommendations as necessary.
- Inform the line manager and Health, Safety and Wellbeing Advisor where a work-related health concern requires reporting under Reporting of Injuries Diseases and Dangerous Occurrences Regulations.

6.5 Health, Safety and Wellbeing Adviser

- Provide advice and guidance.
- Train, advise and support line managers in implementing health risk assessments and assessing and completing personal health exposure records for their staff.
- Assist the Line Manager in monitoring and reviewing the effectiveness of measures designed to control exposure.
- Inform the Health and Safety Committee of changes and developments in health surveillance requirements or trends identified.
- Conduct health and safety audits and inspections.
- Advise line managers and employees on training requirements.

6.6 Employees' Responsibilities

- Employees have a duty for taking all reasonable steps to promote and protect their own health and the health of those who could be affected by their behaviour and actions.
- Raise any concerns about potential or actual health issues along with suggestions for workplace controls with their line manager, human resources manager or union representative.
- Attend health surveillance appointments and any training programmes provided.

7 COSHH Assessment

- 7.1 For the majority of substances used in the College, health surveillance is not required as a result of a COSHH assessment. Under the Health Surveillance Policy, health surveillance will be carried out where it has been deemed appropriate via a COSHH assessment and Health Surveillance Assessment. Where surveillance is appropriate, staff will be referred to the Occupational Health Service.

8 Advice for Employees Attending Health Surveillance

- 8.1 The Occupational Health Service provides health surveillance for College staff who are exposed to hazards whilst at work: noise, fumes, chemicals, dust, vibration, for example. The employer has a duty of care and in order to check that the hazards are not affecting employees health, and that the safeguards in place are working correctly, they are required under law to provide health surveillance.

9 Union Representatives

Trades Union Safety Representatives and members of the Health and Safety Committee are expected to monitor the implementation of these policies and to identify areas where deficiencies are occurring, to become involved in the risk assessment process and conduct joint inspections of the controls.

10 Linked Policies/Related Documents

- Health and Safety Policy
- Control of Noise at Work Policy
- Control of Substances Hazardous to Health (COSHH) Policy
- Vibration at Work Policy

Relevant Legislation

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Provision and Use of Work Equipment Regulations 1998
- Health, Safety and Welfare Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002
- The Control of Noise at Work Regulations 2005
- Control of Vibration at Work Regulations 2005
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Personal Protective Equipment at Work Regulations 1992