

HEALTH SURVEILLANCE POLICY

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Department Responsible
for Review: **Health and Safety**

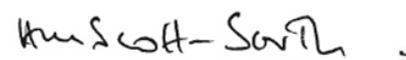
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BURTON HOSPITALS NHS FOUNDATION TRUST

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Burton Hospitals NHS Foundation Trust

HEALTH SURVEILLANCE POLICY

1. INTRODUCTION

The Health and Safety Act and associated regulations require the employer to assess risks in the workplace and where necessary monitor employee's exposure to noise or vibration, ionising radiation, solvents, fumes, dusts, biological agents and other substances hazardous to health, or work in compressed air. This policy gives an overview of the main requirements for health surveillance.

A full list of regulations that specifically identify health surveillance and the situations where such surveillance is deemed appropriate that are most relevant to the Trust's areas of work and activities are detailed in Section 5.

2. PURPOSE AND OUTCOMES

The aim of this policy is to:

- 2.1 Identify and implement specific surveillance requirements for employees requiring statutory health surveillance
- 2.2 Highlight any potential health concerns and take appropriate action
- 2.3 Ensure employment does not further compromise an existing medical condition
- 2.4 Identify and implement specific biological monitoring for employees requiring statutory biological monitoring
- 2.5 Protect the health of individual employees by detecting as early as possible, adverse changes which may be caused by exposure to substances and agents hazardous to health
- 2.6 Help evaluate the measures taken to control exposure
- 2.7 Collect, keep up to date and use data and information for determining and evaluating a baseline and ongoing Hazards to Health
- 2.8 Demonstrate compliance against both legislation and Trust policies.

3. ORGANISATIONAL RESPONSIBILITIES

Board of Directors

The Board of Directors have overall responsibility for the management of Health and Safety and will monitor the effectiveness of this Policy by receiving regular reports produced by the Head of Health and Safety via the Health and Safety Group which reports to the Quality Committee, and Trust Executive Committee.

Chief Executive

The Chief Executive as Accountable Officer has responsibility for Health and Safety matters and will ensure that this Policy is implemented in all directorates and where necessary bring any concerns to the Board of Directors

Head of Health and Safety

The Head of Health and Safety will monitor the effectiveness of this Policy by reviewing accident statistics, trends and patterns via the Health and Safety Group which reports to the Quality Committee, a committee of the Board. The Head of Health and Safety has responsibility for helping to ensure that this Policy allows the Trust to comply with its legal responsibilities.

- Provide support for managers in the risk assessment process
- Provide support for managers by carrying out individual staff assessments in conjunction with Occupational Health where necessary and advise on alternative working arrangements
- Ensure the reporting of any prescribed occupational disease to the Health and Safety Executive (HSE) as a requirement of RIDDOR 2013.

Clinical Leads / Heads of Service / Line Managers

Responsibility for the implementation of this policy by ensuring that risk assessments are in place and appropriate Health Surveillance is undertaken where indicated by Occupational Health and to monitor compliance against the Annual Health, Safety and Environmental Audit.

Line Managers

Managers and supervisors have a responsibility to implement this Policy and to ensure that where health surveillance is required, the Occupational Health department will be consulted. Managers will also bring this Policy to the attention of all employees.

- Identify all activities that present a significant exposure and / or adverse health affect
- Ensure that risk assessments are carried out and carry out a regular review of all work activities that may require staff to undertake health surveillance
- Take action to control the risks levels wherever possible including providing facilities and working arrangements that minimise the likelihood of adverse health effects and prevent health problems that can be reasonably foreseen

- Ensure that staff groups and individuals identified as being at risk are given appropriate information, instruction, training and supervision
- Monitor the effectiveness of risk control measures relating to adverse health effects through an effective system of reporting, investigating and recording of incidents (following the Trust Incident Reporting Policy and Procedures)
- Ensure that identified staff are promptly referred to the Occupational Health Service for health surveillance appointments and accommodate such appointments within normal working hours where possible
- Implement any control measures for individuals on the advice of Occupational Health
- Consider the impact new equipment / products may have on adverse health effects in the workplace before being purchased
- Ensure that staff are consulted on matters relating to their health and safety
- Ensure that all staff are aware of this policy, understand its content and those of local procedures and arrangements
- Undertake annual hand audits for all staff at risk of hand dermatitis alongside the appraisal process.
- To be able to provide a current hand audit on request

Employees

- Report any problems / incidents with regard to adverse health conditions in the workplace to their line manager
- Attend health surveillance appointments where indicated as a requirement of the job
- Ensure that Standard Operating Procedures, safe systems of work and Risk Assessments are followed
- Use personal protective equipment where provided as identified by risk assessment and ensure it remains fit for purpose by checking it for defects and storing it correctly
- Take part in training and education designed to meet the requirements of this policy.

Occupational Health

- Provide health surveillance to staff identified by risk assessment
- Provide information for Line Managers on health hazards to inform their risk assessments and control measures required for individuals
- Ensure that staff delivering health surveillance are appropriately trained and competent
- Notify the Head of Health and Safety of any disease which is reportable under RIDDOR 2013
- Ensure that accurate records are maintained and retained
- Inform the line manager and individual of the results of the health surveillance
- Will ensure that all health clearance forms are screened and any positive answers identified on the forms will result in an appointment taking place with the employee concerned
- Ensure a referral to an Occupational Health physician will take place if any significant abnormalities are detected through the health screening process
- Will provide statistics on health surveillance to the quarterly Health and Safety meeting

4. DEFINITIONS

Health surveillance: is about systematically identifying the early signs of work-related ill health in employees exposed to certain health risks by:

- Providing guidance sheets from the Occupational Health Department detailing symptoms which workers should look out for. If these symptoms are identified then the worker should then report them to the Occupational Health Department.
- Self-examination after appropriate training from the Occupational Health Team, such as looking for skin damage on hands from using certain chemicals.
- Specific health measurements, for example lung function tests, hearing tests.
- More detailed medical examination by the Occupational Health Physician/Occupational Health Adviser.

Biological Agent: A micro - organism, cell, culture, or human endoparasite, whether or not genetically modified, **which may cause infection, allergy, toxicity or otherwise create a hazard to human health.**

Workplace Exposure Limit (WEL): The exposure limit approved by the Health and Safety Commission for a substance in relation to a specified reference period contained in the HSE publication “EH40 Workplace Exposure Limits 2005 as amended 2011”.

Respiratory Irritants & Respirator Sensitisers: A respiratory sensitiser is a substance which when breathed in can trigger an irreversible allergic reaction in the respiratory system.

5. PROCESS FOR MANAGING HEALTH SURVEILLANCE

See Appendix I for specific requirements.

5.1 COSHH (Control of Substances Hazardous to Health)

The Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended and Code of Practice published 2013) 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 of employees.

Exposure to chemical substances in the workplace may be harmful to health. COSHH requires 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 control measures based on the elimination or substitution of harmful substances, engineering controls such as local exhaust ventilation or the use of personal protective equipment.

Exposure to harmful substances can occur by:

- **INHALATION** by breathing in dusts, fumes or vapours
- **INGESTION** due to poor controls on eating, drinking and smoking habits
- **ABSORPTION** through the skin which is dependent on the solubility of the substance, contact surface area and exposure time
- **INJECTION** into or through the skin.

The HSE sets workplace limits to define the standards for the control of exposure to harmful substances in the workplace. These are published annually in **EH 40/2005 Workplace Exposure Limits**.

Under these limits substances which carry known health hazards also have Risk and Safety Phrases attached to give an indication of their risk potential.

Where a COSHH Risk Assessment indicates the need for statutory health surveillance this should be notified and discussed with the Trust Health & Safety Manager and Occupational Health. If the level of exposure warrants the use of Health Surveillance a suitable programme will be put into place and monitored via the Trust Health & Safety Group.

5.2 Respiratory Irritants & Respiratory Sensitisers

- 5.2.1 The HSE 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”*** An example being the use of Peracetic Acid for the cleaning of endoscopes.
- 5.2.2 A wide range of staff within the Trust are potentially exposed to respiratory irritants and respiratory sensitisers, including Laboratory and Theatre staff.
- 5.2.3 Over 200 substances are known to cause respiratory sensitisation.

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.
- 5.2.4 Symptoms may vary according to the organ(s) affected and the degree of sensitisation and may include prickly eyes, rhinitis, and cough, shortness of breath or wheezing. These symptoms are markers for the possibility that further exposure may lead to the development of occupational asthma.

5.2.5 Health surveillance is required where risk assessment identifies possible exposure to substances capable of causing respiratory sensitisation.

Managers must assess the risks to health from respiratory sensitisers and ensure good standards of Local Exhaust Ventilation are in place to control exposure within any recommended Workplace Exposure Limits.

5.2.6 Information, instruction, training and supervision must be provided to employees to understand the health hazards of respiratory sensitisers, the control measures for protection and the purpose of health surveillance. Protective personal equipment must be provided.

5.2.7 It is the responsibility of the manager to formally notify Occupational Health of those members of staff who require such surveillance.

Identification of these staff will result from risk assessment of numerous factors:

- What is the substance?
- Who uses the substance / system?
- How is it used?
- How often is it used?
- In what circumstances is it used?
- Are there environmental control measures in use?
- Are there environmental monitoring results?

These factors are elements of COSHH and their associated Risk Assessments and should be the criteria used to identify those staff requiring health surveillance.

5.3 Skin Irritants / Sensitisers

5.3.1 An irritant is an agent that produces inflammation or irritation. A sensitiser is something with the potential to evoke an immune response in susceptible individuals.

Skin Irritants / Sensitisers can also adversely impact on staff health, particularly laboratory staff, pharmacy staff and clinical staff.

Substances such as corrosives and irritant substances that can cause irritant contact dermatitis, sensitising substances which can lead to allergic contact dermatitis and substances that cause other diseases such as urticaria, acne, skin cancer can all cause health risks.

Examples of skin irritants / sensitisers include:

- Hand gels and washes
- Latex
- Metals (e.g. Nickel)
- Certain topical anaesthetics such as Procaine.

5.3.2 Health surveillance for skin disease needs to rely on self-reporting and regular inspection by a “responsible person” or manager as part of the annual skin check process. All new cases of skin disease or irritation must be referred to Occupational Health.

5.3.3 Risk and Safety Phrases can be found on Material Safety Data Sheets which should be delivered with the substance when purchased from the supplier. In the instance the Material Safety Data Sheet is not supplied, contact the number on the substance container and request an up to date copy.

5.3.4 Periodic Assessment

- Local arrangements should be in place for periodic assessments such as individual performance reviews or team meetings
- Self-assessment – Immediate referral if any abnormalities are detected.
- Skin examination/check by responsible person/manager annually

5.4 Noise

Under the Control of Noise at Work Regulations 2005, health surveillance is required for the hearing protection of employees exposed to high levels of noise.

The regulations are applicable to:

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

Health surveillance (Audiometry Checks) will be provided by the Occupational Health Service for all staff who are likely to be regularly exposed above the upper action values (determined by noise monitoring and risk assessment), or are at risk for any reason, e.g. a pre-existing hearing condition. This will include the following (taken from HSE guidelines):

- Cat 1 (Acceptable hearing ability) – annual for 3 years and then 3 yearly
- Cat 2 & 3 (Mild hearing impairment / poor hearing) – 6 monthly for 2 years and then annual if no change

The purpose of noise health surveillance is to give advance warning of any early signs of hearing damage so that control measures can be implemented and the situation monitored.

Health surveillance will also be carried out for new starters or those changing jobs before staff are exposed to noise, where the job has been identified as requiring health surveillance, in order to give a baseline assessment. It will also be introduced at any time for staff who are already exposed to noise, as identified by the risk assessment. This would be followed by a series of checks, usually annually.

5.5 Ionising Radiation

5.5.1 Staff should refer to and follow the arrangements detailed within the Trust's Policy for Radiation Protection. Specific arrangements for dose monitoring can be found within this policy.

5.5.2 Excessive radiation exposure is potentially harmful to health. Low radiation doses can also cause adverse effects but with low probability, and the risk increases with cumulative exposure level. Certain tissues and organs are more susceptible to radiation damage than others. There are dose limits set for the public, and for staff and additional dose limits defined for women of reproductive capacity.

5.5.3 The management, control and monitoring of occupational exposure of radiographers is the responsibility of the line manager.

A dosimetry system is in place provided through an external supplier. Procedures for monitoring to demonstrate that doses are kept as low as reasonably practicable and also that staff do not exceed three tenths of any dose limit are in place.

5.5.4 As no staff members within this Trust are likely to exceed three tenths of any dose limit there are no classified workers (as defined by the Ionising Radiations Regulations 1999), statutory health surveillance for employees is not required due to the doses received by staff.

5.6 Lasers

Staff should refer to and follow the arrangements detailed within the Trust's Policy for Radiation Protection. The use of lasers can give rise to two main hazards:

- Eye disorders – cataracts / scarring of retina
- Skin burns / disorders.

Lasers are classified into four categories according to their hazard rating:

Class 1 - No risk category

Class 2 - Low Risk. Subject will avert eyes

Class 3 - Medium Risk. May be hazardous for direct Beam viewing

Class 4 - High Risk. May be hazardous by direct or Reflected Radiation

Laser manufacturers will normally classify the laser accordingly.

Managers are required to advise Occupational Health of those staff who may have been exposed in an incident or have suspected skin or eye disease or an adverse health effect which could be the result of laser exposure.

Any reported exposures to employees are individually medically assessed by the Occupational Health physician.

5.7 Hand- Arm Vibration Syndrome

Statutory health surveillance is required for employees exposed to levels of hand-arm vibration as defined by The Control of Vibration at Work Regulations 2005. Staff using the following equipment will be subject to health surveillance:

- Hand held vibrating tools (grinder, jack hammer)
- Chain saw
- Pneumatic drill
- Buffer Machine

- Hedge trimmer/strimmer

Occupational Health will advise on the health surveillance requirements following accidental and ad-hoc exposure incidents occurring at work as required.

5.8 Fitness for work

Certain work activities or environments require employees to be screened for any health condition that may either be aggravated by work or precludes them from being fit enough to perform that work or enter the environment.

5.9.1 Night worker assessments

Under the Working Time Regulations, all employees who work between the hours of 11pm and 6am as a major part of their role must be offered a medical assessment of their fitness for night work.

5.9.2 Vehicle Drivers

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

5.9.3 Confined Space Workers

Guidance under the Confined Spaces Regulations 1997 states 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.

5.9.4 Biological monitoring / Biological effect monitoring

Where there is significant exposure to chronic toxins and a method of validated biological monitoring is required to demonstrate no ill health effect then Health surveillance will take place. Such toxins are:

- Mercury
- Benzene
- Lead.

5.9.5 Musculoskeletal Health Surveillance

Health surveillance will take place where this is an identified 'high risk' of staff developing musculoskeletal injury in relation to the role they provide e.g. Sonography. An initial risk assessment will be done by the manager on commencement of employment and monitored annually through the appraisal process.

Where existing staff are at risk, a risk assessment should be carried out by the line manager and monitored annually through the appraisal process. Any treatments required e.g. physiotherapy should be arranged in a timely manner. Further advice can be sought from the Head of Health and Safety.

6. MONITORING COMPLIANCE AND EFFECTIVENESS

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

| | |
|--------------------------|---|
| Monitoring Requirement : | <ul style="list-style-type: none">• To undertake appropriate Health Surveillance for the control of substances hazardous to health• Compliance with HSE standards• Identification of hot spots from incident reporting• Associated recommendations and monitoring effect |
| Monitoring Method: | <ul style="list-style-type: none">• Through the Trust Health and Safety Environmental Auditing System• Results and Action Plans provided to the Head of Health and Safety |
| Report Prepared by: | Occupational Health Team |
| Monitoring Report: | Health and Safety Group |

7. REFERENCES

HSE 2013: The Control of Substances Hazardous to Health Regulations 2002 (as amended) – Sixth Edition Approved Code of Practice and Guidance 2013.

HSE 1999: Health Surveillance at Work (HSG61)

HSE 2005: The Control of Noise at Work Regulations 2005

HSE 1999: Ionising Radiation Regulations 1999

The Working Time Regulations 1998

The Control of Artificial Optical Radiation at Work Regulations 2010

Non-binding Guide to good practice for implementing Directive 2006/25/EC ‘Artificial Optical Radiation’

Confined Spaces Regulations 1997 – Third Edition Approved Code of Practice and Guidance 2014

**Burton Hospitals Occupational Health Service
Risk Matrix for Health Surveillance**

| Hazard | Areas of Work | Surveillance Required | Frequency |
|---|--|--|---|
| Respiratory Sensitiser | Theatres, Orthotics, Day Case, Endoscopy | Questionnaire Lung Function | Base line on employment and annual |
| Skin Sensitiser | Theatres, Orthotics, Day Case, Pathology, Endoscopy | Questionnaire and follow up if required | Annual skin check In addition annual skin checks will be undertaken on those staff that are not permanently office based. |
| Latex | Ortho Theatres | Questionnaire Lung Function | Annual |
| Hand-Arm Vibration | Estates Domestics Orthotics | HAVS Questionnaire and follow up if required | Base line on employment Annual |
| Noise | Orthotics Workshops Estates | Audiometry | Base line on employment then as per HSE guidelines |
| Night Workers | Ward Staff Pathology | Health Assessment questionnaire | Annual |
| Any hazard identified under COSHH as requiring Health Surveillance | As determined by assessment | As determined by assessment | As determined by assessment |

Please note forms mentioned are available on the Occupational Health department intranet site.