

## Lothian Operational Standard

### LB-HS-117 Health Surveillance

This Standard details the minimum requirements for ensuring compliance with health and safety legislation and implementation of the Lothian H&S Policy Statement.

#### 1. INTRODUCTION

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Statistics for 2021/22 indicate that approximately 1.8 million workers suffered work related illness i.e. caused or made worse by their work.

There is a potential for occupational ill health in motor vehicle repair and maintenance activities associated with use of vibration or noisy tools, exposure to harmful dusts, fuels, solvents, blood and body fluids and paints, night working, manual handling etc.

The purpose of health surveillance is to:

- Provide a framework for identifying adverse ill health and detect at an early stage those employees with increased risk of developing adverse health effects so that appropriate action can be taken
- Monitor employees and the effectiveness of the measures in place to prevent ill health

#### 2. POLICY STATEMENT

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Lothian are committed to preventing work related ill health and disease in its workforce and will carry out pre-employment screening and implement health surveillance programmes as necessary to comply with statutory provisions and to identify adverse health effects arising as a result of our work activities.

#### 3. SUMMARY OF REQUIREMENTS

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The legal obligation for the provision of health surveillance is detailed generally in the Management of Health and Safety at Work Regulations and in more specific legislation e.g. Control of Noise at Work, Control of Vibration and Control of Substances Hazardous to Health Regulations.

In addition to any statutory requirement, health surveillance must also be provided where the risk assessment indicates:

- There is an identifiable disease or ill health outcome
- The disease or ill health can be related to the exposure
- There are valid techniques for detecting indications of the disease or ill health

Employers are required to:

- Determine the specific causes of ill health arising from the work activities and ensure risks have been evaluated and controlled
- Make adequate provision for occupational health advice regarding health surveillance programmes
- Carry out pre-employment screening to provide a baseline for health surveillance and ensure the work is not likely to worsen any existing conditions
- Implement robust health surveillance programmes where appropriate to do so
- Inform and instruct employees about the risks to their health, precautions and the health surveillance programme

## 4. WHAT NEEDS TO BE DONE

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### Assessment of Risk

- 4.1 Line managers must ensure that the risks arising from the activities within his/her area of responsibility have been assessed and any potential risk to the health of employees identified. The general and COSHH risk assessments give indication of where health surveillance is required for common activities.
- 4.2 Where there is a possibility of ill health, line managers must identify the hazard or chemical/substance that might cause adverse ill health and the number of employees exposed.
- 4.3 The risk assessments must be shared with the Occupational Health Specialist and they should have access to the workplace to observe activities in order to enable them to advise companies on a programme tailored to suit the activities and exposure.
- 4.4 From the outcome of the assessments and observations health surveillance must be prioritised and a programme developed.

Examples of typical risks and minimum programme requirements are given in the section on “Health Surveillance Programmes”.

### Framework for Occupational Health Provision

- 4.5 Where doctors, nurses and health professionals are appointed to advise on employee health or carry out health surveillance they must have sufficient expertise and qualification in ‘occupational’ health.

Minimum competencies are illustrated in Table 1.

4.6 In addition to the competencies in Table 1 some aspects of health surveillance will require additional qualifications as follows:

- **HAVS:** A Faculty of Medicine (FOM) approved training course in Hand Arm Vibration Syndrome, or equivalent
- **Noise Induced Hearing Loss:** A British Society for Audiology approved course for industrial audio metricians, or an equivalent level of qualification
- **Respiratory:** Association for Respiratory Technology and Physiology (ARTP) Diploma, or equivalent

4.7 Those responsible for appointing occupational health providers should ask for the registration/personal identification number and check licences and verify qualifications with the relevant governing body:

- Occupational Health Doctors
  - General Medical Council for licences to practice,
  - Faculty of Occupational Medicine for occupational health qualifications
- Occupational Health Nurses
  - Nursing and Midwifery Council to confirm both registration and qualification

**Table 1: Minimum Competencies for Occupational Health Providers**

ROLE	COMPETENCIES	
	MINIMUM	ADDITIONAL OPTIONAL
Doctors	<ul style="list-style-type: none"> <li>• Licensed by General medical Council (GMC)</li> <li>• Diploma in Occupational Medicine (DOccMed)</li> </ul>	<ul style="list-style-type: none"> <li>• Associate of Faculty of Occupational Medicine (AFOM)</li> <li>• Membership of the Faculty (MFOM)</li> <li>• Fellowship of the Faculty (FFOM)</li> </ul>
Nurses	<ul style="list-style-type: none"> <li>• Registered with Nursing and Midwifery Council (NMC)</li> <li>• Certificate in Occupational Health</li> </ul>	<ul style="list-style-type: none"> <li>• Diploma in Occupational Health</li> <li>• Degree in Occupational Health</li> </ul>
Nurses working under supervision of a qualified doctor	<ul style="list-style-type: none"> <li>• Registered with Nursing and Midwifery Council (NMC)</li> </ul>	<ul style="list-style-type: none"> <li>• Certificate in Occupational Health</li> <li>• Diploma in Occupational Health</li> <li>• Degree in Occupational Health</li> </ul>
Lead Nurse where the occupational health provision is Nurse-Led	<ul style="list-style-type: none"> <li>• Registered with Nursing and Midwifery Council (NMC)</li> <li>• Specialist community public health nurse</li> <li>• Access to advice from a specialist occupational health physician</li> </ul>	<ul style="list-style-type: none"> <li>• Certificate in Occupational Health</li> <li>• Diploma in Occupational Health</li> <li>• Degree in Occupational Health</li> </ul>

## Pre-Employment Medical Screening

- 4.8** Where employment is conditional upon satisfactory medical clearance, arrangements must be in place to ensure that a prospective employee is medically fit to undertake the type of work they will be employed to do.
- 4.9** Pre-employment screening should be carried out prior to recruitment:
- a) as a precursor to any health surveillance in order to establish a baseline and,
  - b) to ensure prospective employees who may have already contracted a disease or ill health in a previous occupation are not exposed to further risk of damage to their health
- 4.10** In accordance with the Equality Act, pre-employment screening should be carried out after a job offer is made. If there is previous history of exposure or declaration of an existing occupational disease or condition, is likely to be worsened by the work we expect them to do, you may need to consider withdrawal of the job offer unless appropriate control measures can be implemented to protect their health.
- 4.11** Where an employee transfers to a role where this is potential exposure to substances or hazards with adverse ill health effects a medical screening questionnaire should be completed.

## Health Surveillance Programmes

- 4.12** Lothian and subsidiaries must ensure a health surveillance programme and referral procedures, based on the risks identified in item 4.1, are developed.
- 4.13** Managers must seek the assistance of the appointed occupational health specialist and/or H&S Manager when developing the health surveillance programme.
- Table 2 shows risks associated with some of our core work activities forming the basis of a typical health surveillance programme.
- 4.14** Where the health surveillance programme involves clinical examination, involving measurements of body fluids or breath it is essential that employees understand the reason for and agree to the tests. In some cases, employees' written consent may be required. Such programmes should normally be under the supervision of an occupational health specialist as defined in Table 1.
- 4.15** As the purpose of health surveillance is to protect employees from adverse ill health effects as a result of exposure to substances or agents during the course of their employment they are expected to participate fully in the programme and attend any scheduled appointments or referrals. Failure to do so is a clear breach of their H&S responsibilities and disciplinary action should be taken.

**Table 2: Typical Risks for MVR Activities and Suggested Health Surveillance**

RISK FACTOR	EXPOSURE	ACTION
<b>NOISE</b> potential for noise induced hearing loss	Regular exposure to noise over 85dB(A) OR, Those regularly exposed to 80 – 85dB(A) or if the employee already has hearing damage or sensitivity to noise	Measure deterioration of hearing via audiometry tests <a href="#">HSE - Noise: Health surveillance</a>
<b>VIBRATION</b> Potential for Hand Arm Vibration Syndrome	Exposure to vibration regularly above the Exposure Action Value i.e. daily personal exposure of 2.5 m/s <sup>2</sup> , OR, occasional exposure above this limit but RA has identified frequency and severity poses a risk, OR where exposure is less than the limit but there is a previous diagnosis of HAVS	Annual screening (questionnaire) for symptoms of HAVS, if symptoms exist referral to clinical assessment as part of the 5-tier process, <a href="#">Annual screening questionnaire (hse.gov.uk)</a>
<b>ISOCYANATES</b> Can cause skin conditions and dermatitis	- <b>skin contact</b> Exposure to isocyanates and chemicals labelled R42/43 can cause sensitisation by skin contact	Teach employees how to do simple skin assessments and have skin periodically checked by a competent person or otherwise include it with other checks carried out by the Occupational Health Specialist <a href="http://www.hse.gov.uk/skin">http://www.hse.gov.uk/skin</a>
<b>ISOCYANATES</b> Can cause or worsen asthma and respiratory conditions	Spraying paint containing Isocyanates can affect lung function and worsen or cause asthma if airborne mists are breathed in	Carry out lung function tests i.e. spirometry <a href="http://www.hse.gov.uk/pubns/guidance/g402.pdf">http://www.hse.gov.uk/pubns/guidance/g402.pdf</a> The presence of isocyanate can also be detected in the urine of paint sprayers. Samples of urine can be biologically tested to monitor effectiveness of controls <a href="http://www.hse.gov.uk/pubns/guidance/g408.pdf">http://www.hse.gov.uk/pubns/guidance/g408.pdf</a>
<b>IRRITANT MISTS, DUSTS AND VAPOURS</b> Can cause or worsen asthma and COPD type diseases	Exposure to welding fume and dusts from body fillers, hardeners and paint during body prep, sanding, polishing and finishing	Carry out lung function tests <a href="http://www.hse.gov.uk/pubns/guidance/g401">http://www.hse.gov.uk/pubns/guidance/g401</a> .
<b>DIESEL AND DEGREASING AGENTS</b> Can cause skin conditions and dermatitis	Waste oils, mineral oils, solvents, detergents etc., can cause or worsen skin conditions and cause dermatitis	Teach employees how to do simple skin assessments and have them periodically checked by a competent person, or include it with other checks carried out by Occupational Health Specialist. <a href="http://www.hse.gov.uk/pubns/guidance/sr16">http://www.hse.gov.uk/pubns/guidance/sr16</a> . Also <a href="http://www.hse.gov.uk/pubns/guidance/sr19">http://www.hse.gov.uk/pubns/guidance/sr19</a> .
<b>NIGHT WORKING</b>	Regularly work at least 3 hours during the night (between 11 pm and 6 am)	Annual screening (questionnaire) and medical examination on referral

**4.16** Lothian must consult with their employee representatives to gain full cooperation at the earliest opportunity discussing and agreeing the following:

- The aim of the programme, how it fits with the H&S policy and whether it is required by law;
- How employees can raise health and safety issues;
- The benefits and especially that it is not in their long-term health interests to conceal symptoms;
- What is involved, including any referral procedures;
- What information will be given to the employer and what will happen with the results, including employment consequences;
- Confidentiality and how the programme will be monitored

### **Night Workers Assessments**

**4.17** Line managers must identify those employees who are classed as 'night workers' under the Working Time Regulations i.e. anyone who works between 11 pm and 6 am for more than 3 hours.

**4.18** Arrangements must be in place to ensure any employee who becomes a night worker receive a health and capabilities assessment to ensure they are 'fit' to undertake night work. The assessment may be in the form of a screening questionnaire developed with the assistance of the Occupational Health Professional.

**4.19** Senior managers must ensure any employee either prior to placement or transferring to night work is offered an assessment and that they are repeated on a regular basis.

**4.20** Where the Occupational Health professional or a medical practitioner advises that the employee is suffering health problems connected with night work the employee should be transferred to more suitable work where possible to do so.

### **External Reporting of Cases of Ill Health**

**4.21** Where the occupational health specialist or a registered medical practitioner i.e. the employees GP, has made a confirmed diagnosis of occupational disease listed in Schedule 3 of RIDDOR and this is associated with a relevant work activity, the manager must ensure that it is reported to the H&S Manager who will inform the local HSE office on Form 2508A in accordance with The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, (RIDDOR).

**4.22** The report must be submitted as soon as possible after the doctor has notified you that your employee is suffering from a work-related disease. A record of the report must be retained.

**4.23** In the event that a second case of disease is to be notified a copy of the previous F2508 report should be appended. This will prevent unnecessary dual investigation by the HSE.

### **Health Records and Confidentiality**

**4.24** A health record must be retained for each employee participating in a health surveillance programme. Health records should not contain confidential clinical details and can therefore be kept securely with other confidential personnel records.

Typically, the health record should contain:

- A historical record of jobs involving exposure to substances or processes requiring health surveillance
- A record of the outcome of health surveillance in terms of fitness for work and limitations and restrictions
- Information for HSE Inspectors to demonstrate that health surveillance is being carried out i.e. collections results for groups of employees

**4.25** Records which include medical information arising from clinical examination should be held in confidence by the doctor, nurse or other occupational health specialist and can only be released to managers, HR and H&S personnel with the written consent of the individual. The Access to Health Records Act 1990 allows employees a right to see and comment on their records.

**4.26** A historical record of jobs, exposure(s) and subsequent health surveillance should be retained for at least as long as the person is employed or in accordance with specific legislation e.g. asbestos and COSHH legislation requires records to be retained for 40 years.

**4.27** Lothian must have robust Management of Change procedures to ensure that records are retained and relocated during the reorganisation, restructuring or relocation of premises. If the business ceases to trade, the records should be passed to the Medical Officer at the local EMAS office, usually this is also the local HSE office.

### **Management Information**

**4.28** The Occupational Health specialist must, as a minimum, provide the line manager with:

- Information relating to individual employee but only in terms of their 'fitness to work' and make recommendations on any limitations or restrictions that relate to the employee's job,
- Anonymised information for groups of employees

**4.29** Line managers must take action in response to the results and then check periodically that it has been effective in controlling the risk.

Where health surveillance shows that an employee's health is being affected by their work you must take the following steps:

- a) Prevent further harm to the individual by reducing, or temporarily removing them, from exposure to the hazard. It may also be necessary to arrange for referral of the individual for further examination and/or treatment by a doctor with expertise in occupational health. Individuals shown to be particularly susceptible to illness or whose health has already been damaged may need special protection.
- b) Re-examine the risk assessment to decide whether to take action to protect the rest of the workforce or to extend the health surveillance,
- c) Improve control measures if necessary, seeking the advice of specialists, for example occupational hygienists, as appropriate
- d) Following detailed medical assessment, the doctor or nurse may recommend that the individual is moved to another job with less or no exposure to the health risk. In certain cases, there may be no alternative but to terminate employment on health grounds, act reasonably and remember that you have duties under employment law not to dismiss an employee unfairly or wrongfully and that the provisions of The Equality Act 2010 might apply. The advice of the local HR Manager must be sought.

In particular, be aware that some groups of employees, for example pregnant workers, women of reproductive capacity or young workers may need special protection.

- e) Medical surveillance specifically under the COSHH Regulations can lead to a doctor declaring an employee unfit to work with the substance(s) concerned. In this case, you should seek to provide suitable other work, or suspend the employee from work (against which the employee has a right of appeal), until such time as the occupational health specialist/doctor certifies the employee fit for work.

## Information Instruction and Training

**4.30** Employees must be provided with clear and relevant information on the following:

- a) Risks to health as identified in the assessments and the protective measures that have been taken to prevent or control exposure
- b) The aim and benefits of the programme and whether health surveillance is required by law
- c) What is involved in participating in the programme, including any referral procedures;
- d) Confidentiality, management of records and how the programme will be monitored

e) What information will be given to the employer and what will happen with the results, including employment consequences;

- 4.31** Arrangements should be in place to ensure employees allocated with responsibility for carrying out assessments or ensuring maintenance of control measures, including the checking and maintenance of PPE and RPE, are provided with an appropriate level of training, information and instruction to ensure competence.
- 4.32** Managers must regularly assess the competency of employees and ensure training and instruction is provided and refreshed at regular intervals i.e. every 3-5 years.
- 4.33** All training information or instruction given to employees must be documented and records retained.

## **5. WHO SHOULD DO IT**

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### **5.1 Managing Director must:**

- Ensure that the requirements of this standard are fulfilled.
- Ensure responsibility is appropriately allocated for the management of health surveillance and that resources are made available for the provision of competent occupational health advice

### **5.2 Directors and Senior Managers must:**

- Ensure arrangements are in place for assessing and controlling risks at each location and any hazards or chemical/substance that might cause adverse ill health and the number of employees exposed has been identified
- Ensure that measures to control exposure to hazards and chemicals/substances are regularly monitored and reviewed in the light of changes to legislation or working practice or in the event of a confirmed case of occupational disease
- Ensure managers undertaking risk assessment are competent and have received an appropriate level of training, instruction and information.

### **5.3 Engineering Managers or equivalent must:**

- Identify hazards or substances used in the workplace that have the potential to expose employees to adverse ill health or disease with advice and support of the H&S Manager
- Assess and document the risks to health from physical agents and hazardous substances through the normal risk assessment process.
- Communicate the outcome of the risk assessments to employees
- Contribute to the development of the health surveillance programme with assistance from the H&S Manager and the Occupational Health Specialist
- Ensure the health surveillance programme is implemented and that employees attend appointments

- Ensure health surveillance is carried out at the required frequency
- Take disciplinary action where employees fail to adhere to control measures

#### 5.4 HR Managers must:

- Ensure new potential employees and those being transferred to jobs involving exposure to hazards and substances where there is a known health risk, are screened for prior to their appointment
- A robust health surveillance programme and referral procedures are developed and implemented for all those exposed
- Health records from health surveillance and fitness to work advice are retained for 50 years

#### 5.5 H&S Manager must:

- Assist the manager in identifying hazards and substances that have potential to cause adverse health effects and ensure evaluation of risks
- Assist HR and line management in the development and implementation of a suitable health surveillance programmes

#### 5.6 Employees must:

- Familiarise themselves with the risks and precautions associated with hazards substances they are potentially exposed to in the workplace and the action to take in the event of an emergency
- Cooperate with management, and others who have responsibility for ensuring control measures are maintained at all times
- Not misuse or damage equipment which has been provided to reduce exposure and report any defects in control measures to their line manager
- Participate in the health surveillance programme and attend referral appointments as appropriate
- Raise any concerns about their health and safety with their manager in the first instance

## 6. MEASURE

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6.1 The requirements of this standard will be monitored by Lothian H&S to ensure effective implementation. Evidence of effective management will include:

- Documented risk assessments indicating requirements for health surveillance
- Appointment of competent Occupational Health Specialist(s)
- An established Health Surveillance Programme and evidence of appropriate response to management information

## **7. AUDIT**

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- 7.1 Compliance with the requirements of this H&S Standard will be audited periodically in accordance with the Lothian Audit Programme

## **8. REVIEW**

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- 8.1 This H&S Standard will be reviewed every 2 years or in accordance with Lothian Policy following significant changes in the matter to which it relates

## **9. REFERENCES AND RESOURCES**

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- INDG304 Understanding Health Surveillance at Work
- Lothian General and COSHH Risk Assessments
- LB-HS-113 Hand Arm Vibration
- LB-HS-114 COSHH
- LB-HS-119 Noise at Work