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Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Health Surveillance Policy

INITIATED BY: Director of Workforce and Organisational Development and the Director of Corporate Services and Governance / Board Secretary

APPROVED BY: Quality, Safety and Risk Committee

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1. PURPOSE

1.1 Some of the work activities undertaken by Health Board employees will require health surveillance. The types of health risks that Health Board employees may be exposed to can be seen in **Appendix 1**.

1.2 Health Surveillance is a process that systematically identifies the early signs of work related ill health in employees exposed to specific health risks. In order for health surveillance to be carried out there needs to be a valid technique to identify specific health effects. Certain procedures can then be put into place in order to achieve this.

These may include:

- Simple methods such as looking for skin damage on hands
- Technical checks on employees such as hearing tests
- Biomedical tests to identify substances in urine or blood
- Specific medical examinations carried out by an appropriately qualified clinician.

1.3 This policy applies to all who may be exposed to work-related health risks in line with Management of Health and Safety at Work Regulations (MHSW 1999). The Health Board has a responsibility to risk assess health hazards in the workplace, identify who is at risk and take measures to control the risk. Once this is established health surveillance should be considered.

1.4 The benefits associated with health surveillance include:

- protection of the health of employees who are exposed to workplace hazards
- detecting health problems at an early stage, protecting staff and confirming whether they are still fit for work
- checking control measures are effective by giving feedback on risk assessments and proposing further actions
- providing data to detect and evaluate health risks
- training staff in safe and healthy working practices;
- improve feedback and communication with staff about health and safety risks and promote healthy behaviour, both within and outside the workplace.

1.5 This document will also assess when and where health surveillance is not required. Health surveillance will not be required where it has been assessed 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. Surveillance cannot be carried out for all activities as in some cases there is no valid way to detect ill health, e.g. stress.

2. POLICY STATEMENT

- 2.1 The Health & Safety at Work Act requires Cwm Taf University Health Board (the Health Board) to ensure (so far as is reasonably practicable) the health, safety and welfare of all employees who may be affected by work activity. This duty of care is extended to our patients, visitors, volunteers, contractors and all others who may be affected by our activities.
- 2.2 Health surveillance is the process, required by the Health & Safety at Work Act and other safety legislation, for having procedures or methods to detect work-related ill health at an early stage and to then act on the results. It should be considered where risk assessment identifies there is a residual risk of ill health to employees. Health Surveillance is therefore not an end in itself but can be an indication of where the control measures to reduce and avoid exposure to workplace hazards are effective and also to provide advice about continuing fitness to work with the identified hazards and risks.
- 2.3 This Policy provides general guidance about health surveillance and the process to determine if health surveillance is necessary, what type of health surveillance may be required and how the health surveillance process should be organised.

3. PRINCIPLES

- 3.1 Protect the health of the employees by detecting possible adverse health effects that could be associated with exposure to workplace hazards and to detect these changes as early as possible.
- 3.2 Identify and implement specific surveillance programmes for employees identified through risk assessment as requiring regulatory or statutory health surveillance.
- 3.3 Identify and implement specific biological monitoring identified through risk assessment.
- 3.4 Assist in monitoring the effectiveness of safety control measures taken to reduce the health hazards and risks identified through risk assessment.
- 3.5 Collect and collate data and initiate any identified Health & Safety intervention requirements to ensure completion of the health surveillance cycle.

- 3.6 Employees should be trained/guided to identify and self-report symptoms of work-related ill health. Health surveillance programmes will need to be monitored, modified or discontinued as indicated by changes in work conditions and/or exposure.

4. SCOPE

- 4.1 This policy applies to all staff working or engaged within areas of the Health Board where health surveillance is indicated to identify early health effects from possible residual risks to health.
- 4.2 This policy applies to all Health Board staff whilst at work and includes working on or off Health Board premises. Temporary staff and contractors not directly employed by the Health Board should undergo health surveillance where risk assessment identifies the need for this and in line with the Health Board's Health & Safety Policy. The arrangements for health surveillance will require the effective co-operation and co-ordination between the Health Board and the employer.
- 4.3 The starting point of any health surveillance is carrying out a risk assessment. Every Ward/Department should have employees trained in basic risk assessment technique. *Please refer to the Health Board's Risk Assessment Procedure.*
- 4.4 Once a risk assessment has been completed by the competent relevant ward/Departmental person and health risks have been identified, measures should be taken to eliminate or control these risks. Where residual risks remain, further steps need to be taken, one of which is the possibility of health surveillance. It is important that health surveillance is not a substitute for controlling any health risks at work but a means of monitoring that control measures in place are suitable and effective. If the above steps have been completed and risks still remain, specialist advice should be sought from the Health, Safety and Fire and Occupational Health and Wellbeing Teams.
- 4.5 The Health, Safety and Fire Team in conjunction with Occupational Health and Wellbeing colleagues will determine whether health surveillance is necessary where specialist advice is requested by the manager and how this will be undertaken. Common examples of health surveillance can be seen in Appendix 1.

5. LEGISLATIVE AND NHS REQUIREMENTS

- 5.1 Health surveillance is the process used to detect signs and symptoms, ideally at an early stage, of work-related ill health, where:
- An identifiable disease or adverse health effect may be related to the exposure
 - There is a reasonable likelihood that the disease or effect may occur under the particular conditions of work
 - There are valid techniques for detecting indications of the disease or effect, ideally at an early stage
 - The technique and investigation is of low risk to the employee.
- 5.2 The need for health surveillance will be solely based on risk assessment relating to an identified hazard and will also be specifically undertaken to ensure compliance with relevant safety legislation/regulations associated with that hazard. For chemical and biological hazards this will be undertaken to ensure compliance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and for physical hazards this will be undertaken to ensure compliance with the Management of Health & Safety at Work Regulations (MHSAW) 1999 or specific regulations relating to the hazard, such as the Control of Noise at Work Regulations 2005, Control of Vibration at Work Regulations 2005, New and Expectant Mothers Regulations, and the Control of Artificial Optical Radiation at Work Regulations 2010. It must also be considered if there is a requirement under existing Health Board Infection Prevention and Control or Health and Safety Policies. Where the need for health surveillance is identified through competent risk assessment, it is a mandatory requirement to ensure compliance with the relevant safety legislation. There are also high-hazard substances or agents where the Law requires that a health surveillance programme includes statutory medical surveillance, and this must be undertaken by a Health & Safety Executive Medical Inspector or a Doctor appointed by the Health & Safety Executive to undertake such work. In brief, medical surveillance is a legal requirement for the following workplace exposures:
- Particular types of work with asbestos
 - Particular types of work with lead
 - Work with those substances hazardous to health that are subject to Schedule 6 of the Control of Substances Hazardous to Health Regulations 2002.
 - Particular types of work with ionising radiation
 - Particular types of work in compressed air.
- 5.2 It is unlikely that statutory medical surveillance will be required for work undertaken within the Health Board but if risk assessment

identifies that such surveillance may be necessary, specialist advice should be sought from the Head of Health, Safety & Fire and, where appropriate, the Consultant in Occupational Medicine, so that arrangements to facilitate appointed Doctor surveillance can be implemented.

6. PROCEDURE

- 6.1 It is necessary to perform an adequate and detailed risk assessment on tasks and processes to identify any health risks and determine the need for health surveillance and/or assessment. During the risk assessment process, managers must consider whether there is a statutory requirement to undertake health surveillance for this task. i.e. If latex products are used, this requires health surveillance as it contains a potentially hazardous material.
- 6.2 The risk assessment must identify the health hazards within the workplace, who is at risk and what measures are in place to control this risk. Where risk remains, health surveillance can be considered, however it is important to remember that health surveillance is not a substitute for controlling risks at work.
- 6.3 Cwm Taf University Health Board Health & Safety Policies which incorporate the risk assessment and COSHH process should be followed by managers and can be found in the Health and Safety Intranet pages and will be updated in line with the Health Board's Policies and Process.
- 6.4 If the risk assessment process has identified the need for health surveillance, the manager should contact the Occupational Health and Wellbeing Service with a copy of the risk assessment. The Occupational Health Adviser, in liaison with the Occupational Health Physician (OHP), will identify from a risk assessment how and when a health surveillance programme could be initiated and discussed with the line manager in conjunction with Trade union Representatives. (Appendix 2).
- 6.5 Further guidance on the procedure and management of specific hazards related to chemical and biological hazards can be found in the COSHH Policy.
- 6.6 There may be specific requirements for health surveillance associated with blood borne infection or disease. Managers are advised that guidance on the management of blood borne infection/disease can be found in the Infection Prevention and Control Policies and the Management of Occupational Exposures to Blood borne Viruses including Needlestick Injuries

- 6.7 Managers recruiting into a post where health surveillance is required should ensure potential employees are assessed by the Occupational Health and Wellbeing Service prior to commencing employment for baseline health surveillance. During recruitment, the manager should ensure that the risk assessment is completed. This should be returned, along with the completed interview paperwork, to NWSSP Recruitment Services who will notify the Occupational Health and Wellbeing Service in line with the Recruitment Policy.
- 6.8 The COSHH Regulations, along with other legislation, requires the maintenance of a health surveillance assessment and exposure record which is to be accessible, with reasonable notice to the staff member and respective line manager. Any health surveillance programme has to include the retention of a health surveillance record **for each individual**. The Data Protection legislation allows employees a right to see and comment on their records. It is also good practice to offer individual employees a copy of their health risk assessment records when they leave employment. This is a statutory requirement and it is an important document because it provides:
- A historical record of jobs involving exposure to substances or processes requiring health surveillance
 - A record of the outcome of previous health surveillance procedures (in terms of fitness to work, restrictions required, etc)
 - Information for the Health and Safety Executive (HSE) to demonstrate that health surveillance has been carried out.
- 6.9 Health Surveillance records are different from clinical records in that they do not contain confidential clinical details and can therefore be kept securely with other confidential personnel records. Records which include medical information arising from clinical examination are held in confidence by the Doctor, Nurse or other Occupational Health and Wellbeing Service health professional and can only be released to managers with the written consent of the individual.
- 6.10 All new and existing staff members that require health surveillance, under the requirements of COSHH, should be identified by the line manager through the risk assessment process first and placed on both a Departmental Health Surveillance Record Register (essentially a departmental nominal roll) and Individual Health Surveillance Record (See Appendix 4). Following completion of the appropriate risk assessment, if there is any doubt on whether health surveillance is required, the line manager should contact the Health, Safety & Fire Team and/or the Occupational Health and Wellbeing Service for specialist guidance. Managers may consider the opportunity to combine any health surveillance form completion or discussion with staff, with the annual PDR process.

- 6.11 Both the Departmental Health Surveillance Record and the Individual Health Surveillance Record should contain the following details regarding the individual and must be retained for a period 40 years:
- Full name
 - Home address
 - National insurance number
 - Date of birth
 - Job category
 - Substance(s) exposed to
 - Exposure date(s)
 - Type of health surveillance required
 - Name of tester
 - Outcome.
- 6.12 Suitable templates for the Department Health Surveillance Record Register and Individual Health Surveillance Record are outlined in Appendix 4. These forms can also be accessed via the Occupational Health and Wellbeing Pages on the Intranet. Electronic storage of records is recommended.
- 6.13 The line manager must forward to the Occupational Health and Wellbeing Service a list of staff requiring health surveillance and the hazard/substance to which they are exposed. Work schedules are to be planned to accommodate appointments for health surveillance.
- 6.14 If health surveillance is carried out, the Individual Health Surveillance Record will summarise the outcomes in terms of the worker's fitness for work. The conclusion is normally stated as one of the following:
- Fit for work using proper control methods
 - Unfit for work with ... (specific agents listed) ...
 - With recommendations
- 6.15 If recommendations are suggested, the Occupational Health and Wellbeing Service will inform the manager of these in writing. The Occupational Health and Wellbeing Service will provide this information to the manager in line with the Occupational Health and Wellbeing Service Surveillance Results Form (Appendix 2). Managers should take the information from this completed form and transfer it across to the Individual Health Surveillance Record. The Occupational Health and Wellbeing Service letter reference should also be detailed in the Individual's Health Surveillance Record. If the Occupational Health and Wellbeing Service fail to provide a letter reference, the manager should prompt the Occupational Health and Wellbeing Service for a response. The manager should input information on to the Department Health Surveillance Records and

file the Individual Health Surveillance Record into the relevant staff member's personnel file.

- 6.16 Other hazard specific legislation may also require further details to be given to the manager such as HSE categories following Noise Health Surveillance and classification of Hand Arm Vibration (HAVS) following HAVS Health Surveillance.
- 6.17 Where the conclusion of unfit for work is noted, the Occupational Health and Wellbeing Service will inform the line manager of this in writing, having already informed the worker of the reasons for this conclusion. Line managers may need to consider redeployment or, if this is not possible, retirement on the grounds of ill health may be the outcome. In addition, the worker may be eligible to apply for NHS Injuries Benefit and have recourse to law in line with the Sickness Absence Policy.
- 6.18 When health surveillance is introduced, line managers must be aware that some workers may be classed as unfit for duties and may need to be re-deployed. Reference should be made to the Health Board's policies on redeployment.
- 6.19 A summary of the findings of health assessment/surveillance programmes within a department will be prepared by an OHN for the manager. This will look at group trends over time and highlight the number of occupational problems identified. This information will be shared with the Health, Safety & Fire Team and Infection Prevention and Control staff where appropriate.

7. TRAINING IMPLICATIONS

- 7.1 There is a need for training identified within this policy. In accordance with the classification of training outlined in the Health Board's Learning and Development Strategy this training has been identified as mandatory.
- 7.2 Training and education on the use of gloves will be provided as part of the Health Board's mandatory induction and mandatory clinical update training contained within the Infection Prevention and Control Hand Hygiene element for clinical staff.
A record of the event will be recorded on the electronic staff record and any locally held database. The governance group responsible for monitoring this training is the Infection Prevention and Control Committee.
- 7.3 Staff identified to undertake task based COSHH assessments will be given suitable and sufficient training to carry out this role together

with written guidance by the Health, Safety & Fire Team. Managers will ensure all staff required to use a COSHH substance as part of their work activity will be given training locally in the correct and safe use of the product and all associated personal protective equipment (PPE). Managers will, (within their areas of control), ensure that all staff who use a COSHH substance which requires health surveillance as part of their work activity, are informed of the need to have regular health surveillance checks and are referred to the Occupational Health and Wellbeing Service.

- 7.4 All staff who use a COSHH substance as part of their work activity who become pregnant or who are nursing mothers should inform their manager of their status so that the task based COSHH assessment can be reviewed for any contraindications of that product for new and expectant mothers and their baby.
- 7.5 Managers will ensure young people (as identified by legislation) who are required to use COSHH products will be identified on the task based COSHH assessment and will be given training suitable and sufficient to their needs.
- 7.6 Managers will ensure local Induction training will be provided for every new member of staff, providing details of local COSHH risk assessments and the safe systems of work in place that they will be required to work to. All staff must also undertake level 1 training on their core skills via e-learning.
- 7.7 All managers should attend the Health Board's Managing Safety for Managers Course. Managers must ensure adequate supervision is given to employees where indicated until a satisfactory level of competency is reached. Competency must be maintained through regular updates. Records of all training given should be kept.
- 7.8 Staff are responsible for ensuring they attend Health Board mandatory induction and update training which incorporates COSHH awareness.
- 7.9 The governance group responsible for monitoring the training is the Quality, Safety and Risk Committee.

8. REVIEW, MONITORING AND AUDIT ARRANGEMENTS

- 8.1 The Occupational Health and Wellbeing Service will report on a regular basis to the Quality, Safety and Risk Committee with any incidences of work related ill health/disease and actions required.

- 8.2 It is the intention of the Health Board to ensure, so far as is reasonably practicable, every step is taken to ensure the health, safety and welfare of its employees and others in accordance with the Health and Safety at Work etc Act 1974. It is recognised also that working practices should conform and be subject to risk assessment in accordance with the Management of Health and Safety at Work Regulations 1999.
- 8.3 The Quality, Safety and Risk Committee will review the policy every 3 years or sooner where a change to legislation, national policy or guidance occurs.
- 8.4 The Director of Workforce and Organisational Development and the Director of Corporate Services and Governance / Board Secretary will be responsible for monitoring the effectiveness of the policy and for reporting concerns or issues to the Executive Team.
- 8.5 The methodology to be used for monitoring will be:
- Incident reporting and monitoring
 - Risk assessment and risk registers.
- 8.6 The Quality, Safety and Risk Committee will receive quarterly reports from the Director of Workforce and Organisational Development who will identify recent incidents and areas of concern.
- 8.7 Risk issues and concerns will be escalated to the Executive Management Team as appropriate for consideration, identifying good practice, any shortfalls, action points and lessons learnt. These will be responsible for ensuring improvements, where necessary, are implemented.

9. MANAGERIAL RESPONSIBILITIES

- 9.1 The **Chief Executive** is accountable for the health, safety and welfare of the workforce of the Health Board.
- 9.2 The **Director of Workforce and Organisational Development** is responsible for the service delivery and management of the Occupational Health and Wellbeing provision which supports the Health Surveillance programme.
- 9.3 The **Director of Corporate Services and Governance / Board Secretary** is responsible for the strategic development of the Health Surveillance programme in line with statutory requirements and for instigating a health surveillance programme in discussion with senior colleagues.

- 9.4 The **Head of Operational Health, Safety & Fire** is responsible for the management and implementation of the Health Board wide risk assessment process and actions to minimise any further risks to the health of the workforce.
- 9.5 **Health Board Senior Managers** are responsible for:
- ensuring the effective implementation of this policy and encouraging 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
 - Ensuring Risk Assessments are completed by competent/trained staff.
- 9.6 The **Occupational Health and Wellbeing Service:**
- provides advice and information on health surveillance / monitoring
 - carries out health assessments and provide reports once identified as needing health surveillance
 - retains all relevant records
 - liaises with the Health, Safety & Fire Team on incidents reportable under the RIDDOR regulations
 - make reports to the Health Board as required.
- 9.7 **Line Managers:**
- Managers recruiting into a post where health surveillance is required should ensure potential employees are assessed by the Occupational Health and Wellbeing Service prior to commencing employment with known hazards. Managers are advised to link with the Workforce and OD team for this. During recruitment, the manager should ensure that the risk assessment is completed. This should be returned, along with the completed interview paperwork, to NHS Wales Shared Services Partnership – Recruitment Services who will notify the Occupational Health and Wellbeing Service in line with the Recruitment Policy.
 - Must communicate information to staff about all identified respiratory sensitising agents in their area of work and share with them the associated task based COSHH assessments.
 - Must complete COSHH inventories and ensure that these are regularly reviewed and updated.
 - They will ensure that, following completion of the task based COSHH assessment staff training in relation to COSHH products is adequate and appropriate to the individuals use and contact with the COSHH product.
 - Staff training records relating to COSHH must be retained locally for five years from the date training took place. – Although Line

Managers may delegate the task of completing task based COSHH assessments they will retain the responsibility for ensuring these have been completed and that COSHH inventories and records of known respiratory sensitising agents are kept and updated.

- If Line Managers delegate the task of COSHH risk assessments to a COSHH Assessor, each ward/department does not necessarily require a COSHH assessor at each site. For example, in District Nursing there could be one assessor in each locality. The assessor would be responsible for ensuring all substances used and operations/procedures in District nursing in that locality are assessed and all staff in the locality trained and aware of the task based COSHH assessment. This approach to appointing assessors to be adopted across a range of services to ensure each site was not unduly duplicating the assessment procedures.
- Must, in the very first instance, refer all members of staff to the Occupational Health and Wellbeing Service should they report any symptoms of respiratory sensitisation
- Must report and record all incidents that relate to exposure and adverse reactions to respiratory sensitising agents in line with existing Health Board policy and procedure
- Must maintain a system whereby all Personal Protective Equipment (PPE)/Respiratory Protective Equipment (RPE) is suitable for its intended purpose, appropriately maintained, cleaned, inspected, stored and replaced as required
- Must maintain a system whereby all physical control measures put in place as a result of risk assessments e.g. local exhaust ventilation (LEV) are inspected and maintained to ensure effectiveness.

9.8 **COSHH Assessors**

- Must be responsible for attending COSHH assessment training, including update and refresher sessions
- Completing or updating an inventory of all identified respiratory sensitising agents within their area of responsibility and reviewing and revising as necessary (at least annually, but following any change, whichever is sooner)
- Conducting suitable and sufficient task based COSHH assessments of the risks to health arising from the use, handling, storage and disposal of known respiratory sensitising agents
- Reviewing assessments whenever there have been any significant changes in the matters to which they relate or there is a reason to suspect that they are no longer valid. Assessments should be reviewed at least annually
- Keep copies of the assessments available locally, including the inventory
- Any risks identified during the assessment process should be entered on the risk register at all levels

- Assist the Head of Service/Department/Line Manager in the development of safe systems of working
- Liaise with the Health, Safety & Fire Team, Infection Prevention and Control or Occupational Health and Wellbeing Service, and other specialist advisors as required

9.9 **All employees**

- Will co-operate with the Health Board by adhering to this Policy and the overarching arrangements within the COSHH Policy and the control measures identified in individual task based COSHH assessments.
- Will comply with all Health Surveillance requirements as identified as part of the task based COSHH assessment process.
- Will report any ill health effects immediately to their line manager and complete an incident form in line with the Health Board's incident reporting policy.
- Will not bring products into work or buy via petty cash, for use at work, unless these are agreed by the line manager

9.10 **Health, Safety & Fire Team**

- Will provide specialist advice and guidance where substances have an EH40 classification as indicated on the manufacturer's safety data sheet and will undertake specific specialist task based COSHH assessments
- Advise on occupational respiratory monitoring services to ensure effectiveness of control measures and compliance with workplace exposure limits
- Provide COSHH training for COSHH assessors
- Will liaise with other Specialist Advisors e.g. infection control, procurement, pharmacists, clinical leads or medical physics to ensure that products are carefully evaluated before being introduced into the workplace. Where appropriate they will ensure that task based assessments are completed.
- Will maintain a central COSHH Register (SYPOL) containing Material Safety Data Sheets of all products used which have been classified as a hazardous substance (including respiratory sensitising agents), a register of COSHH inventories and task based COSHH assessments.

9.11 **Infection Prevention Control Team**

- Will provide expert advice on the risk from microbiological agents that may pose a respiratory risk or seek advice from expert sources e.g. consultant microbiologist

- Provide policies and procedures to ensure safe practices are in place to limit the risk and spread of micro-organisms
- Will provide education and training of staff with regard to infection prevention and control policies and procedures.

9.12 **Estates and Capital** will, through audit, provide assurance to the Health Board regarding ventilation compliance. Estates and Capital will:

- Provide expert advice on local exhaust ventilation (LEV) systems
- Retain on behalf of the Health Board records of testing and any monitoring undertaken ensuring any deterioration is reported without delay to the appropriate manager and specialist advisors for action to be taken
- Provide training and tool box talks to their staff re: health surveillance and appropriate use of PPE / RPE.

10. RETENTION OR ARCHIVING

In cases of complaints or claims and other legal processes it is often necessary to demonstrate the policy in place at the time of the investigation or incident. The Corporate Director / Board Secretary must therefore ensure that copies of policies and procedures are archived and stored in line with the HB's Records Management Strategy and are made available for reference purposes should the situation arise.

11. NON CONFORMANCE

There is a requirement of all staff to comply with the provisions of this Policy and, where requested, to demonstrate such compliance. Failure to comply will be dealt with in accordance with the appropriate Workforce and Organisational Development policy.

12. EQUALITY IMPACT ASSESSMENT STATEMENT

This Policy has been subject to a full equality assessment and no impact has been identified.

13. REFERENCES

1. Occupational contact dermatitis in the UK: A surveillance report from EPIDERM and OPRA, Meyer JD et al, Occupational Medicine 2001; 50(4):265-73
2. Management of Health and Safety at Work regulations 1999, Health and Safety Executive; www.hse.gov.uk
3. Control of Substances Hazardous to Health 2002; Health and Safety Executive

4. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, HSE; www.hse.gov.uk
5. DERMATITIS: Occupational aspects of management; a national guideline; Royal College of Physicians, 2009
6. Persistent post occupational dermatitis, Sajjachareonpong P; Contact Dermatitis 2004;51(5-6):278
7. Managing skin exposure risks at work, Health and safety Executive;C75:01/09:ISBN 978 0 7176 6309 5
8. Medical aspects of occupational skin disease, Guidance Note MS 24; Health and Safety Executive, 2004
9. Selecting Protective Gloves for work with chemicals; Guidance for employers and health and safety specialists, HSE INDG330, Dec 2000
10. Choosing the right gloves to protect skin: a guide for employers <http://www.hse.gov.uk/skin/employ/gloves.htm>
11. Ionising Radiation Regulations 2017 <http://www.hse.gov.uk/radiation/ionising/index.htm>

EXAMPLES OF HEALTH SURVEILLANCE

The tests below are common examples of health surveillance that may be carried out within the Health Board:

Noise

- Hearing tests would be carried out for employees who work with levels of noise above the accepted limit e.g. Estates Department

Vibration (hand / arm)

- This is carried out by an Occupational Health questionnaire and periodic examination if required e.g. employees using percussion tools such as hammer drills etc for extended periods.

COSHH

- There are a variety of surveillance techniques that may be necessary under the COSHH Regulations. This may involve Occupational Health assessment, respiratory function tests, skin surveillance, blood tests or urine tests dependant on the possible types of exposure.

Laser Users

- Those working with Class 3B and Class 4 lasers and Intensive Pulsed Lights (IPL) may require health surveillance.

Ionising Radiations

- This is a specialist area and is monitored by the Radiation Safety Committee within the Health Board.

Biological Agents

- Employees undertaking Exposure Prone Procedures (EPP) that are non responders to hepatitis B vaccine will undergo annual markers for the virus.

HEALTH SURVEILLANCE ENQUIRY FORM

To be completed by Line Manager: This form should be completed in conjunction with local risk assessments if the process/exposure has a potential adverse health outcome and further advice is required from the Occupational Health and Wellbeing Service to confirm if health surveillance is required.

SECTION A: DETAILS OF SUBSTANCE/EXPOSURE

Substance/process exposed to:

Where environmental monitoring data is available, please provide:
Level of exposure:
Frequency of exposure:

What safety/control measures are currently in place?

Has health surveillance previously been required for this purpose?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Name (print):	Designation:
Signature:	Date:

COMPLETED FORMS SHOULD BE RETURNED TO:

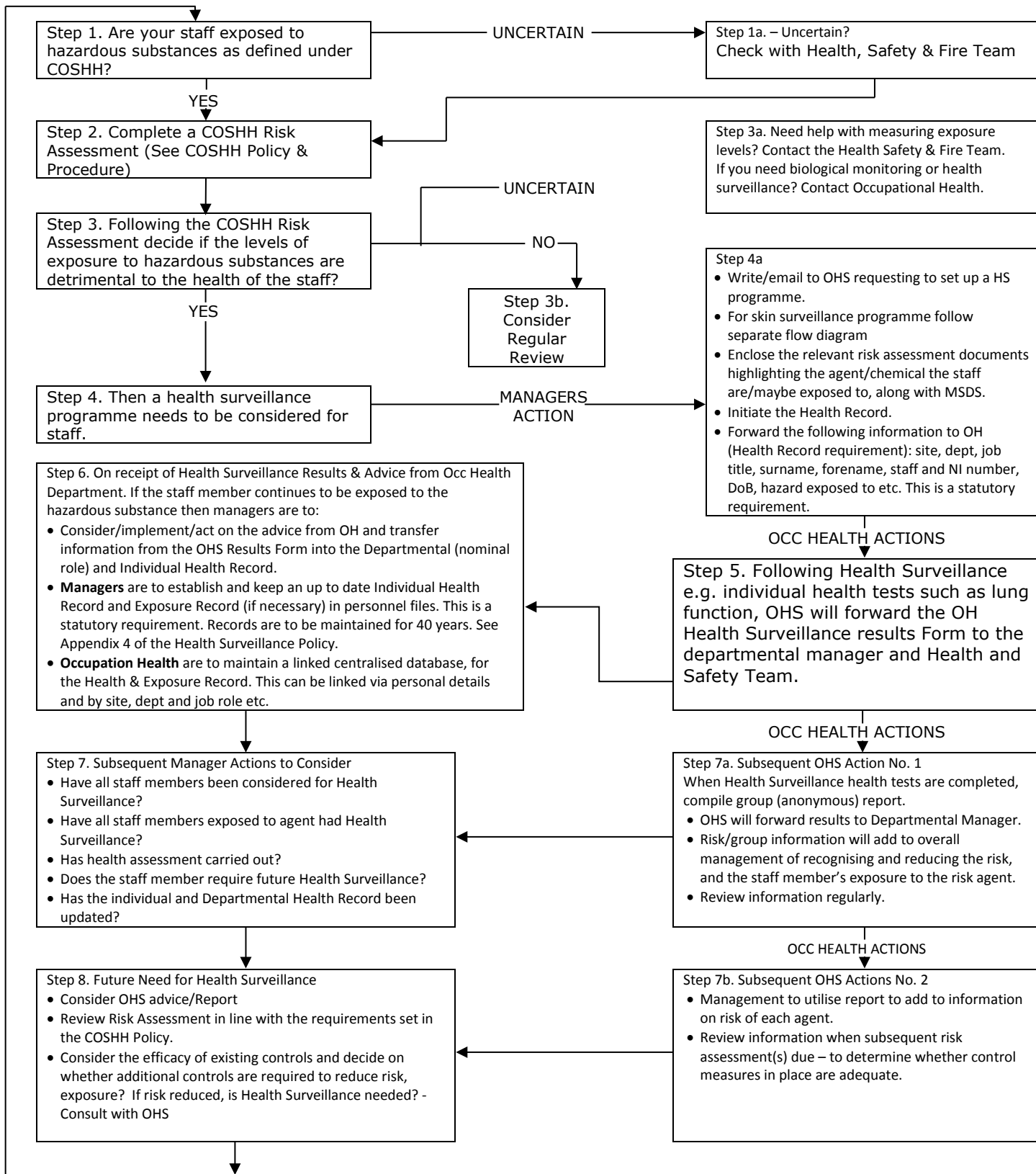
Occupational Health and Wellbeing Service
Dewi Sant Hospital
Pontypridd
CF37 1LB
01443 443443 Ext: 3231

Managers Flowchart

Appendix 3

Cwm Taf University Health Board – Generic Health Surveillance (HS) Process Flow Chart

This chart is designed to assist managers in determining whether or not they need to set up a Health Surveillance programme using the COSHH Regulations as an example. Managers should also be aware that there are also additional requirements for Health Surveillance under other hazard specific legislation.



Appendix 4

DEPARTMENTAL HEALTH (SURVEILLANCE) REGISTER

(Registers will be completed by the Responsible Person and maintained in confidence by the Line Manager)

Department	Location	Job Title	Surname	Forename	Gender		DoB	Employment Start Date 1 st examination in that area	Hazard exposed to	Surveillance Type	Date of Health Surveillance	Outcome of Health Surveillance		Signature of Staff Member
					M	F						No Action	OH Ref	

Occupational Health Outcome Codes
 1 Fit
 2 Unfit
 3 Recommendations – response is either “Yes” or “No”. If “Yes” is selected occupational health are to enclose their “recommendations” letter to management.
 If this is unavailable, then OH is to be prompted by the manager for a response.

