

Health Surveillance Policy

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Responsible Director:	Director of Human Resources and Organisational Development
Approved by:	Board Health and Safety Forum
Date approved:	October 2016
Date for review:	October 2017
Version:	2.0
Replaces previous version:	June 2014 (v 1.0)

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1 POLICY

This Policy is the second Health Surveillance Policy issued within NHS Greater Glasgow and Clyde (NHSGGC) PN06 Health Surveillance Procedure.

1.1 Purpose

Some of the work activities undertaken by employees of NHSGGC will produce the need for medical assessment of their health. This can be in the form of a health surveillance assessment, fitness for work health assessment or, where there is a need, an individual identified as at risk through undertaking a particular task or tasks at work.

The Management of Health & Safety at Work Regulations 1999 (as amended) places a specific responsibility on the employer to assess all risks to their employees and to ensure appropriate controls are put into place. This includes health protection and, specifically under these regulations, health surveillance. The Control of Substances Hazardous to Health Regulations (COSHH) (2002) as amended also places a duty on NHSGGC to undertake health surveillance in certain circumstances. Other hazard legislation such as the Control of Noise at Work Regulations 2005 and the Control of Vibration at Work Regulations 2005 may also direct a requirement for health surveillance.

1.2 Scope

This Policy is applicable to all NHSGGC staff who may be potentially exposed to health hazards at work (physical, chemical or biological) at any site where NHSGGC owes a duty of care and responsibility.

2 RESPONSIBILITIES

2.1 Senior and Line Manager Responsibilities

All managers within NHSGGC are responsible, so far as is reasonably practicable, for the health, safety and welfare at work of all employees under their care.

Each manager has the responsibility for ensuring that no work which is liable to expose staff to substances hazardous to health is carried out unless a suitable and sufficient assessment of the risk has been undertaken. Managers must be aware of all hazardous substances used within their area.

Following risk assessment, managers are required to advise the Occupational Health Service (OHS) of those members of staff who may require health surveillance at pre-employment or during employment and to comply with the process outlined in Appendix 1. Managers are responsible for ensuring that staff groups and individuals identified as being at risk are given appropriate information, instruction and training to minimise the risks to health.

If health surveillance is required, managers must ensure employees attend the OHS. Any recommendations given by the OHS should be implemented. If the recommendations cannot be implemented appropriately, the manager should contact the OHS.

All incidences of work related illness, ill health or injury must be reported on Datix as soon as possible to ensure appropriate investigation / follow up as required. A confirmed case of Occupational Disease, through Occupational Health, will result in the appropriate RIDDOR report to the Health and Safety Executive. In instances relating to the management of skincare at work and associated skin health surveillance, managers should refer to NHSGGC Managing Skin at Work Procedure and Incident Management Policy for further guidance.

2.2 Employee Responsibilities

Under the COSHH Regulations, those employees identified as needing health surveillance are required to co-operate and fulfil their responsibility by attending the OHS when requested to do so either at pre-employment or during employment. This is a legal requirement.

All employees have a requirement to report any issues of ill health that are or may be attributable to workplace tasks or conditions.

3 HEALTH SURVEILLANCE

3.1 Health surveillance is a specific process involving regular assessment of an employee's health to detect a "known adverse health effect at an early state by valid means" caused by exposure to specific hazards at work. The object of this is first and foremost to detect signs of developing harm to health as early as possible so the matter can be dealt with before the harm becomes more serious. Health surveillance is a way of checking whether control measures applied by NHSGGC are effective. If they are, people potentially exposed to the hazards should show no signs of harm to health over time.

3.2 Health surveillance is commonly used where individuals work may be exposed to asbestos, radiation, vibration or hazardous chemicals capable of harming the skin or lungs.

The objectives of health surveillance include the:

- Protection of the health of the individual employee by the early detection of adverse changes.
- Assistance in evaluating measures taken to control exposure.
- Collection, maintenance and use of data for the detection and evaluation of health hazards.
- Assessment of the immunological status of staff who undertake specific work activities or who are inadvertently exposed to micro-organisms/biological agents/pathogens in the course of their work.

3.3 Health Surveillance includes, dependent on the hazard and relevant legislation:

- Medical surveillance where staff are examined by a doctor.
- Symptoms enquiries/inspections by a qualified person, for example, an Occupational Health Nurse.
- Inspection by a responsible person.
- Maintenance of health surveillance records. These are written surveillance records containing details of employment/exposure to hazardous substances but no actual medical details.

3.4 Within NHSGGC, health surveillance may be required for staff at risk from workplace hazards.

For example:

- Noise
- Ionising radiation
- Respiratory sensitisers, i.e. formalin, formaldehyde, methylmethacrylate, cytotoxic preparation, welding, soldering fumes, dusts, oils, descaling agents
- Vibration, i.e. power tools
- Blood borne infection/disease
- Skin irritants/sensitizers i.e. latex, hand gels, wet work, oils
- Lasers

4 RISK ASSESSMENT

- 4.1 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.
- 4.2 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.
- 4.3 NHSGGC 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 Manual](#) and on the relevant NHSGGC Intranet pages and will be updated in line with NHSGGC Policies and Process.

5 PROCEDURE FOR HEALTH SURVEILLANCE

5.1 Identifying the Need for Health Surveillance

If the risk assessment process has identified the need for health surveillance, the manager should contact the OHS with a copy of the risk assessment. The Occupational Health Nurse, in liaison with the Occupational Health Physician (OHP), will identify the need for a health surveillance programme and the frequency and type of surveillance programme to be undertaken (Appendices 1 & 2).

Further guidance on the procedure and management of specific hazards related to chemical and biological hazards can be found in the COSHH Policy.

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 NHSGGC Control of Infection Policies and the Management of Occupational and Non-Occupational Exposures to Blood borne Viruses including Needlestick Injuries & Sexual Exposures (April 2013):

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/NHSGGC%20Management%20of%20Occupational%20and%20Non%20Occupational%20Exposures%20to%20BBV.pdf>

5.2 New Workers/Offerers of Employment

Managers recruiting into a post where health surveillance is required should ensure potential employees are assessed by the OHS prior to commencing employment with known hazards. During recruitment, the manager should ensure that the risk assessment is completed. This should be returned, along with the completed interview paperwork, to NHSGGC Recruitment Services who will notify OHS in line with the Recruitment Policy.

5.3 Health Surveillance Records Process

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 Act 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.

5.4 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 OHS health professional and can only be released to managers with the written consent of the individual.

5.5 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. Following completion of the appropriate risk assessment, if there is any doubt on whether health surveillance is required, the line manager should contact Health and Safety and/or OHS for specialist guidance. Managers may consider the opportunity to combine any health surveillance form completion or discussion with staff, with the annual eKSF / PDP process.

5.6 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

5.7 Suitable templates for the Department Health Surveillance Record Register and Individual Health Surveillance Record are outlined in Appendix 3 and Appendix 4. These forms can also be accessed via the suite of COSHH forms. Electronic storage of records is recommended.

5.8 The line manager must forward to OHS 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.

5.9 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

If recommendations are suggested, the OHS will inform the manager of these in writing. OHS will provide this information to the manager in line with the OHS Surveillance Results Form (Appendix 6). Managers should take the information from this completed form and transfer it across to the Individual Health Surveillance Record. The OHS letter reference should also be details in the Individual Health Surveillance Record. If OHS fails to provide a letter reference, the manager should prompt OHS 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.

5.10 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.

5.11 OHS Outcomes

Where the conclusion of unfit for work is noted, OHS 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.

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 NHSGGC's policies on redeployment.

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 Health and Safety and Infection Control staff where appropriate.

6 REFERENCES

- Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health Regulations 2002 (Amended)
- Management of Health and Safety at Work Regulations 1999
- Control of Noise at Work Regulations 2005
- Control of Lead at Work Regulations 2002
- Control of Asbestos at Work Regulations 2006
- Confined Spaces Regulations 1997
- Working Time Regulations 2003 (Amended)
- EH40/Workplace Exposure Limits
- Food Hygiene (Scotland) Regulations 2006
- New and Expectant Mothers Guidance
- Health and Safety Miscellaneous Amendments 2014
- NHSGGC Latex (safe use of) Policy

Appendix 1

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 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 Service
Ward 6A
West Glasgow ACH
Dalnair Street, Glasgow G3 8SJ
Tel: 0141 201 0600 Fax: 0141 201 0585

FOR OCCUPATIONAL HEALTH SERVICE USE ONLY

SECTION B: HEALTH SURVEILLANCE REQUIREMENTS

Is there an identifiable disease or other identifiable adverse health outcome? Yes | No |

Is there a likelihood that the disease or health effect may occur? Yes | No |

Could the disease or health effect be related to exposure? Yes | No |

Comments:

Is health surveillance indicated for this? Yes | No |

Type of surveillance required:

Respiratory Skin Noise Hand Arm Vibration

Driving: LGV PCV FLT Other (specify below)

Other: _____

Name (print):	Designation:
Signature:	Date:

COPY OF COMPLETED FORMS TO BE RETURNED TO REFERRING MANAGER

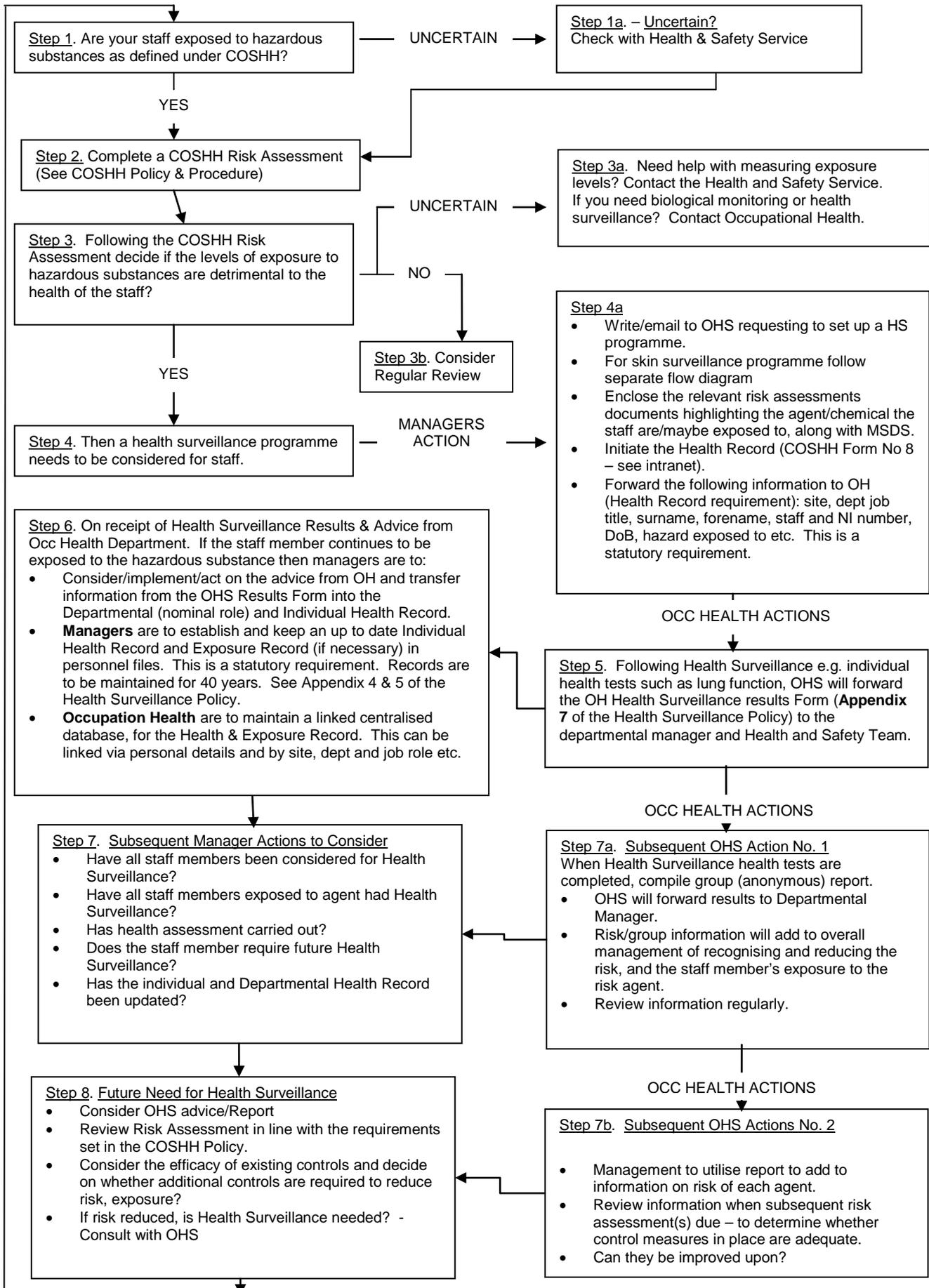
Note to Line Managers:

If health surveillance is indicated above, please forward the details (name, date of birth, designation, work base) of staff member to undergo this surveillance to your designated Occupational Health Service along with a copy of this form in order that appropriate arrangements can be made for them to be seen.

Appendix 2

NHS Greater Glasgow & Clyde – 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

TABLE 2 – INDIVIDUAL HEALTH (SURVEILLANCE) RECORD: To be kept within employees personal file

NOTE: It is the Line Managers Legal Responsibility to retain this in the record for 40 years in accordance with the Conditions required..

<u>Department:</u>	
<u>Location:</u>	
<u>Job Title:</u>	
<u>Previous Jobs in NHSGGC:</u>	
<u>Surname:</u>	
<u>Forename:</u>	
<u>Gender:</u>	
<u>DoB:</u>	
<u>Permanent Address:</u>	
<u>Staff Signature:</u>	
<u>Signature of Responsible Person:</u>	

<p><u>Occupational Health Outcome Codes</u></p> <ol style="list-style-type: none"> 1. Fit 2. Unfit 3. Recommendations – response is either “Yes” or “No”. If “Yes” is selected occupational health are to enclose their reference letter to management. If this is unavailable, the OH is to be prompted by the manager for a response.
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<u>Start Date of Exposure</u>	<u>Hazard Exposed to</u>	<u>Date of Health Surveillance</u>	<u>Outcome of Health Surveillance</u>		<u>OH Outcomes</u> <u>(See codes 1-3 above)</u>
			<u>No Action</u>	<u>Referral to OH</u>	

Skin Health Surveillance Questionnaire 1

Consent to participate in health surveillance programme

In this workplace, substances are in use which have been known to cause allergic problems or sensitisation. Following risk assessment under Section 6 of the Control of Substances Hazardous to Health (COSHH) Regulations 2002, a programme of periodic health surveillance as required by Regulation 11 of the COSHH is being carried out.

I understand that a programme of health surveillance is necessary in this employment and this form will be retained in my manager's health surveillance records for 40 years.*

* In some cases a copy of this form maybe sent to Occupational Health for further advice.

Signature:		Date:	
Full Name			
Date of Birth			
Job Title			
Department/ Ward			
Partnership / Directorate			
Contact Telephone Number			

Please answer the following questions by marking 'Yes' or 'No' with an 'x'

	In the last 12 months have you had any of the following:	Yes	No
1a	Persistent / recurrent problems affecting the skin		
1b	Is this more noticeable when using Latex / Nitrile / Gloves / Other substance*		
2a	Persistent / recurrent problems affecting your nose and eyes		
2b	Is this more noticeable when using Latex / Nitrile / Other substance*		
3a	Persistent / recurrent problems affecting your breathing		
3b	Is this more noticeable when using Latex / Nitrile / Other substance*		
4	Any symptoms that you relate to use of latex gloves?		
5	Any symptoms that you relate to use of nitrile gloves?		
6	Any symptoms that you relate to use of other gloves (please specify)?		
7	Any symptoms that you relate to use of other substances/products provided within the workplace (please specify)?		

(* please note glove type or suspected substance type eg soap/gel)

To be completed by Manager / Responsible Person.

Form completed, signed and dated by employee		Yes	No
All NO answers (Completed Form to be filed in Employees Health Surveillance Record and Mgr / RP to update Departmental Health Surveillance Record)			
Any YES answers – Manager/RP and employee must complete Questionnaire 2			
Name of reviewing Manager		Date	
Managers email address			

Guidance on completion of skin health questionnaire:

Where there are any YES responses to questions 1 – 7 the Manager/RP and the employee must complete Questionnaire 2

A copy of both Questionnaires should be forwarded to Occupational Health Service

Please ensure all relevant information is noted on both forms to prevent any delays.

Definitions:

Persistent – there is no specific definition of persistent but merely an indication that the skin complaint should not be a one-off but is an ongoing issue which impacts on the employee's fitness for work. Some organisations have indicated that persistent = ongoing skin complaint(s) which last for at least two weeks. Given the variety of shift patterns which are currently worked within Greater Glasgow and Clyde Health Board, it may be that an employee's skin worsens during their work time and then improves/resolves during the time that they do not work.

Recurrent – as above there is no specific definition of recurrence. It is helpful if the employee is able to identify any work related factors which either precipitates or exacerbates their skin problems. As a guide, it may be helpful to refer any employee whose skin breaks down more than three or four times per year. This would include employees who have an underlying skin condition e.g. psoriasis and/or eczema.

Occupational Health Service
COSHH Skin Health Surveillance
Positive response Questionnaire 2



This questionnaire is confidential and is designed to monitor the health of staff who have developed skin problems.

NAME: _____ DOB: _____

ADDRESS: _____

JOB TITLE: _____ Contracted hours _____

WARD/ AREA: _____

Do you also work on the Nurse Bank? (please circle) YES NO

What types of wards? _____

Have you had skin problems before? (please circle) YES NO

If yes, please give details below including dates

Briefly describe your current skin problem:

Do you suffer or have suffered from

a) Hayfever YES NO b) Asthma YES NO

Have you ever had skin problems caused by contact with any of the following? (please circle)

- | | | |
|--|-----|----|
| a) Jewellery or metal clips | YES | NO |
| b) Cosmetics | YES | NO |
| c) Moisturisers/ hand lotions | YES | NO |
| d) Prescribed medication creams/lotions | YES | NO |
| e) Soap/ detergents | YES | NO |
| f) Antibacterial products (for home use) | YES | NO |
| g) Other (please give details) | | |

Do you have any food intolerance – please give details below:

At work, which of the following products do you use on your skin (please circle)

- | | | | | |
|----|-----------------------------|-------------|-----|----|
| 1) | Hibiscrub | | YES | NO |
| 2) | Alcohol gel | Brand _____ | YES | NO |
| 3) | Liquid soap | Brand _____ | YES | NO |
| 4) | Betadine surgical scrub | | YES | NO |
| 5) | Other (please give details) | _____ | | |

Do you wear gloves at work? (please circle) YES NO

Which type are they? (please tick ✓ all that apply) (if known state manufacturer and type)

- | | | | |
|----|---------------------|--------------------------|-------|
| 1) | Latex (non sterile) | <input type="checkbox"/> | _____ |
| 2) | Latex sterile | <input type="checkbox"/> | _____ |
| 3) | Vinyl non sterile | <input type="checkbox"/> | _____ |
| 4) | Nitrile | <input type="checkbox"/> | _____ |

Have you experienced any suspected Latex allergy or Elastoplast allergy? Please give details below:

Which hand drying products do you use? (please circle)

- | | | |
|----|------------------------|-------|
| 1) | Green paper towels | |
| 2) | White paper towels | |
| 3) | Other (please specify) | _____ |

Have you attended Dermatology for any reason? Please give details:

Have you had any of the skin problems listed below in the past 12 months? (please circle)

- | | | | |
|----|----------------------|----|------------|
| a) | red skin | g) | dry skin |
| b) | flaking skin | h) | urticaria |
| c) | itchy skin | i) | eczema |
| d) | cracked skin | j) | dermatitis |
| e) | nettle rash or weals | k) | psoriasis |
| f) | bleeding skin | | |

Which parts of your skin has been affected? (please circle)

- a) fingers
- b) finger webs
- c) back of hand
- d) palm of hand
- e) wrist
- f) forearms
- g) other (please specify) _____

Does your skin improve on days off from work? (please circle)

YES NO NO CHANGE

Does your skin improve after one week's annual leave?

YES NO NO CHANGE

Have you been absent from work due to a skin problem in the past 12 months? (please circle)

YES If Yes, how many days were you _____ NO
off?

Where have you attended for your skin problem? (please tick ✓ all that apply)

- Occupational Health Nurse
- Occupational Health Physician
- Own General Practitioner
- Self treated

Please indicate any treatment you have received for your skin and include dates

Employee _____ Date: _____
Sign: _____

Comments by Occupational Health Service: _____

OHS Sign: _____ Date: _____

