

Health surveillance

“What is it and what does good look like”

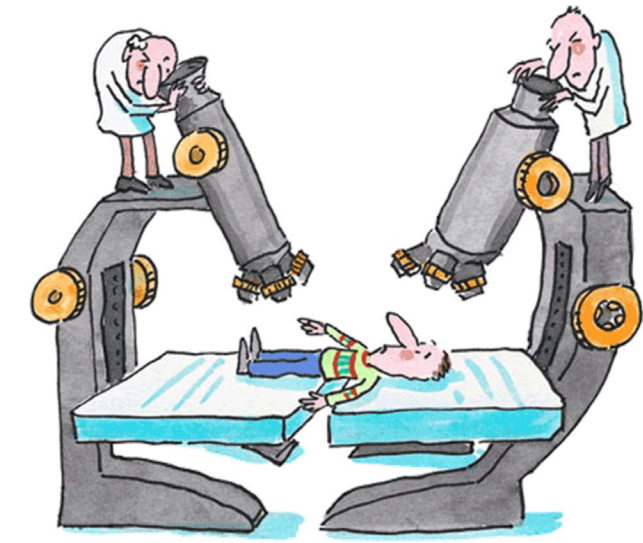
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Plan to cover:

- ✓ Legal basis and rationale for health surveillance
- ✓ What health surveillance is and what it isn't
- ✓ Where health surveillance fits into your health and safety management system
- ✓ How do you know you have a “good” Occupational service
- ✓ How you can make best use of an Occupational health service provider (OHSP)



Health surveillance ...

- Is **not** preventive.
- is a part of a system which **monitors** if your control measures are effective.
- helps to identify the early stages of ill health in individuals
- Is done during works time and at employers expense
- Does **not** include blood pressure checks, or other health promotion activities
- Is ***not done*** for workers who are ***not exposed*** to the health hazard

Risk assessment and controls

- Health and safety law requires employers to provide health surveillance for employees.
 - Control of Substances Hazardous to Health Regulations 2002
 - Control Of Noise at Work Regulations 2005
 - Control of Vibration at Work Regulations 2005
 - Specific Regulations - Medical - Ionising radiation, Lead, certain asbestos workers, COSHH schedule 6, ionising radiation & compressed air.

Respiratory sensitisers

Skin sensitisers

Exposure to hand arm vibration over the exposure action value

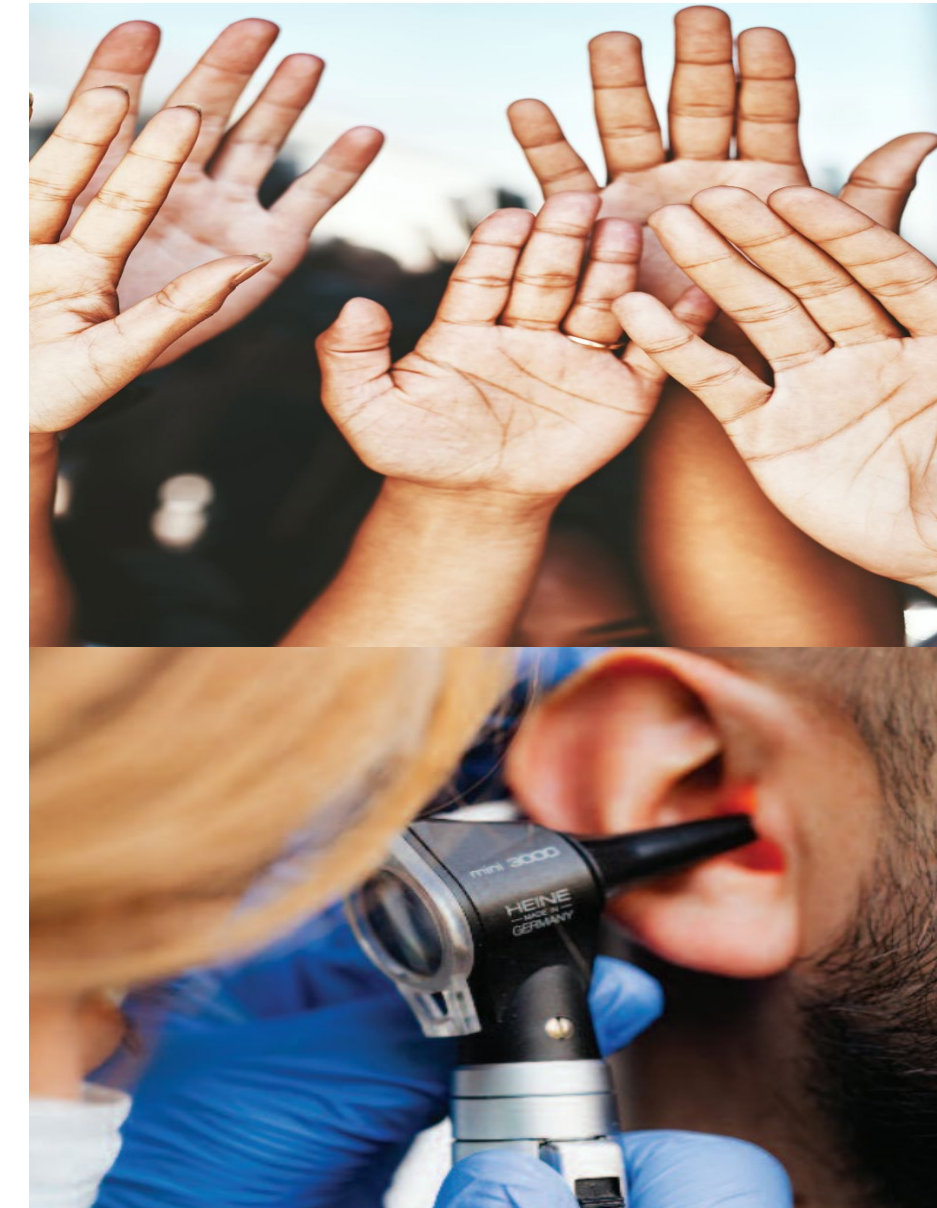
Exposure to excessive noise above the exposure action value

What elements of a health surveillance programme can include



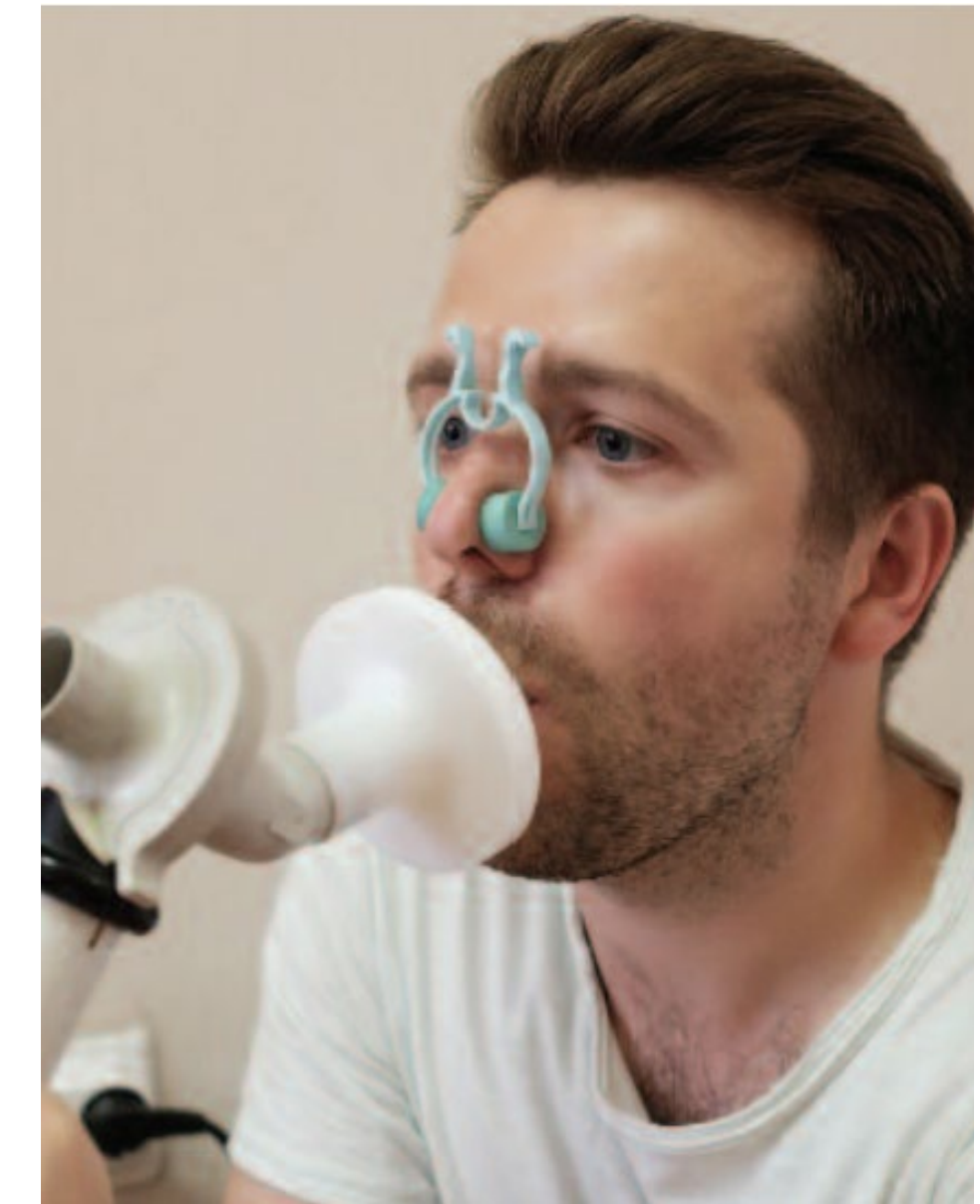
Questionnaire, taking specific occupational health and medical history

Baseline and repeated at agreed intervals



Physical examination

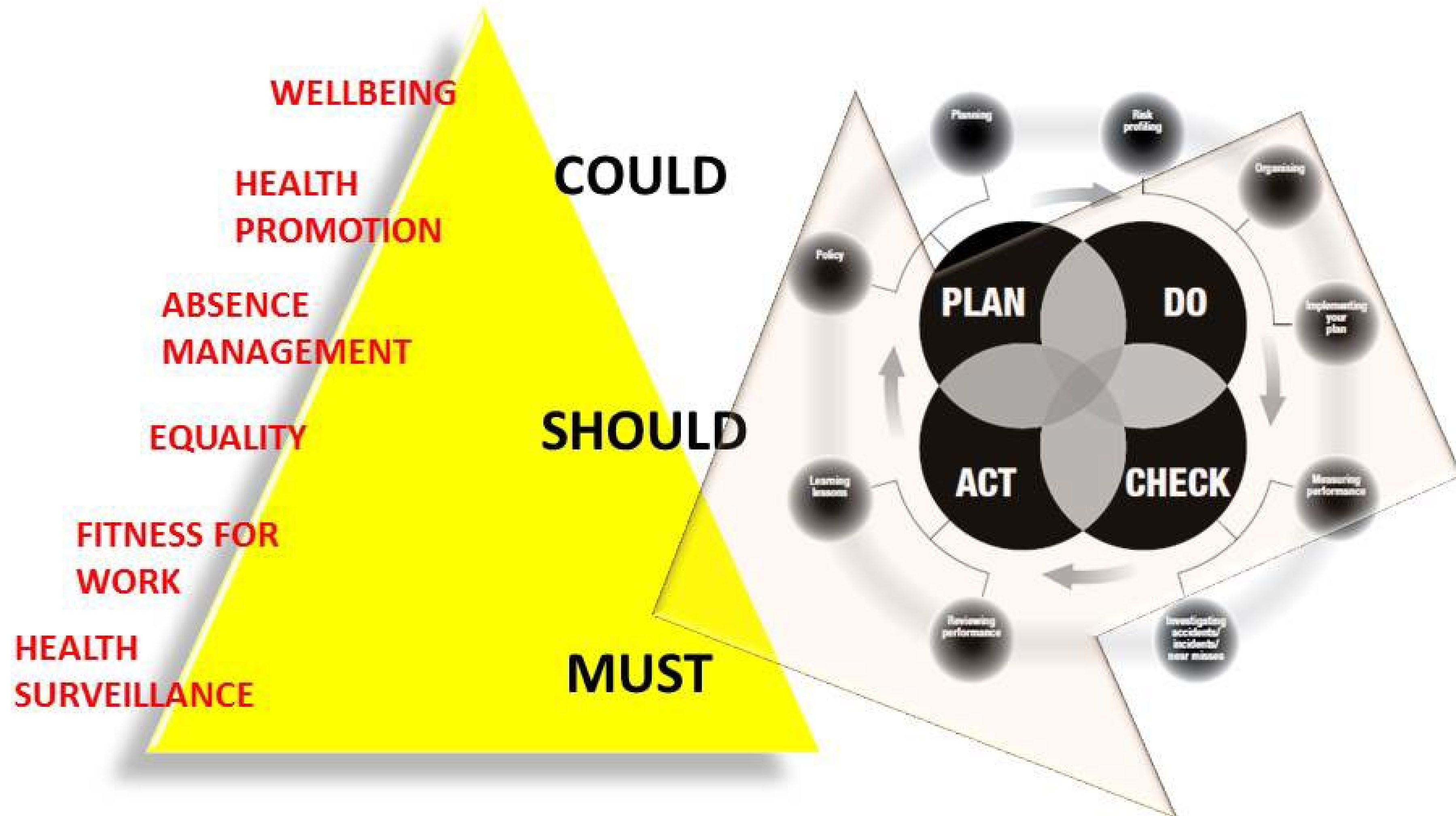
Skin of face, neck, wrists, hands, HAVS, ear canal and ear drum



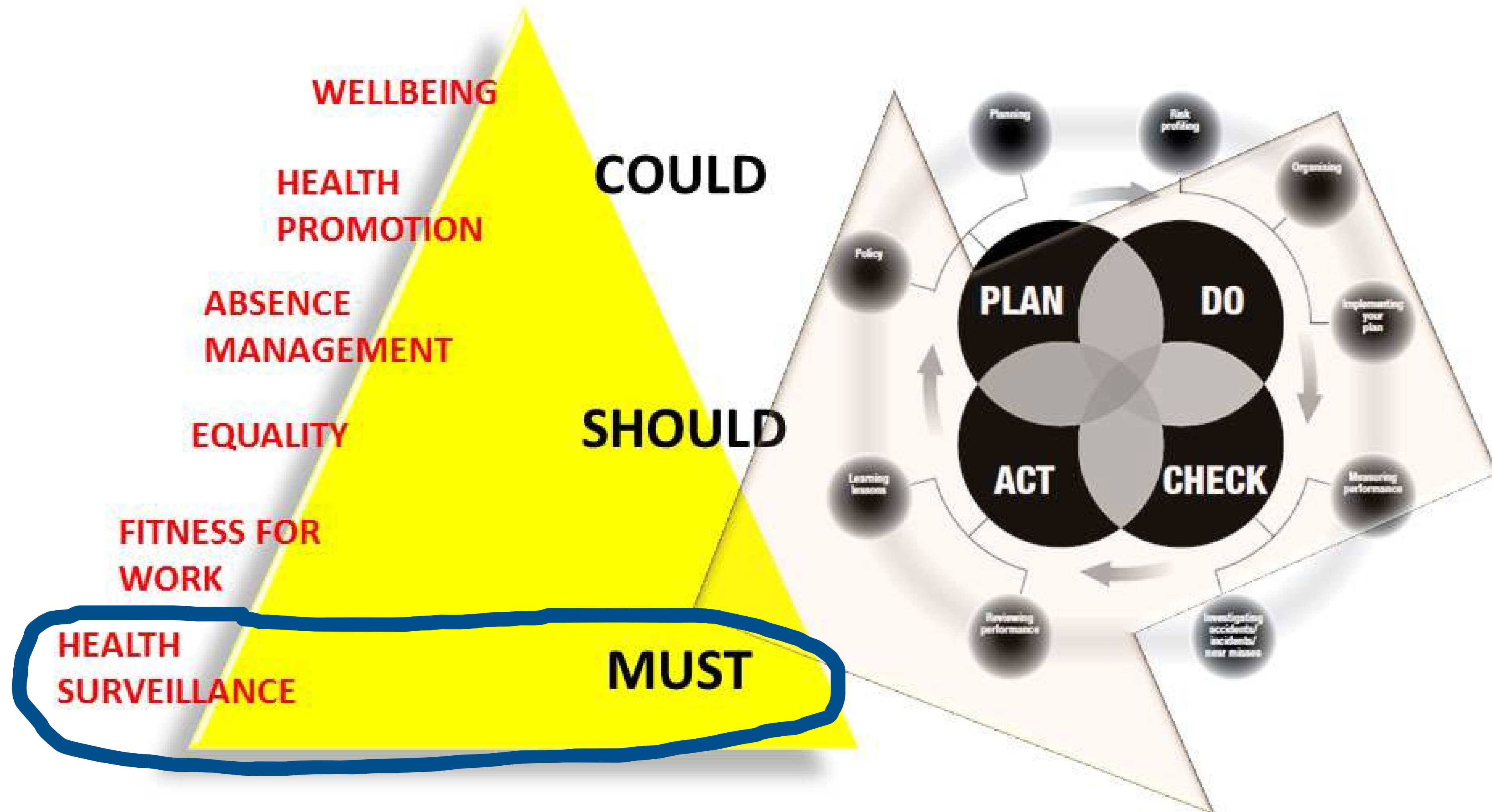
Individual tests / measurements

Lung function, serial peak flow. Tests specific to hand-arm vibration, hearing tests

The role of occupational health in health and safety management



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Competency = training, knowledge, experience and *other qualities*.

OH Nurse <https://www.nmc.org.uk/registration/search-the-register/>

Registered Nurse, plus Diploma, Degree, or Masters in Occupational Health

AND on Specialist OH part 3 of Nursing (NMC) Register

Responsible for defining rules / protocols and supervision

OH Doctor [Faculty of Occupational Medicine \(fom.ac.uk\)](http://fom.ac.uk)

Fellow, Member or Associate of the Faculty of Occupational Medicine. **FFOM, MFOM, AFOM**,

Responsible for defining rules / protocols and supervision

Occupational health technician may be

A Registered Nurse with no OH specialist qualification

Person with other specific technical training / experience (hearing tests, spirometry)

Working to defined rules / protocols with supervision

Responsible person

Employee trained by OH specialist to undertake specific duties (e.g. skin checks) within company surveillance programme

Working to defined rules / protocols with supervision

Paramount – to get information back from OHSP

(1) Individual – fitness for work, fit with restrictions

You then compile health record which is not medical-in-confidence, should have specific contents

<https://www.hse.gov.uk/health-surveillance/record-keeping/index.htm>

(2) Information which allows trend analysis over time of any early symptoms experienced by the similarly exposed worker population e.g. blocked nose, runny nose, itchy eyes, etc, workers with occasional blanching fingers

This is obtained from information that is *gathered from the clinical questionnaires* that the OHSP retain on your behalf.

**How do you get a good health
surveillance programme?**

How do you get a good health surveillance programme?



Do your health risk assessments

It starts with you “the dutyholder”



Do some planning and preparation

Share information with the OHSP
Site visit – watch work activities
OH competence and knowledge of health topic, your industry and how you work on site



Document the arrangements between you & OHSP

Frequency, scope, level of Health Surv.
Plan for 3 years
Review every year
How to deliver what you want / need
“Big review” every three years

How do you get a good health surveillance programme?

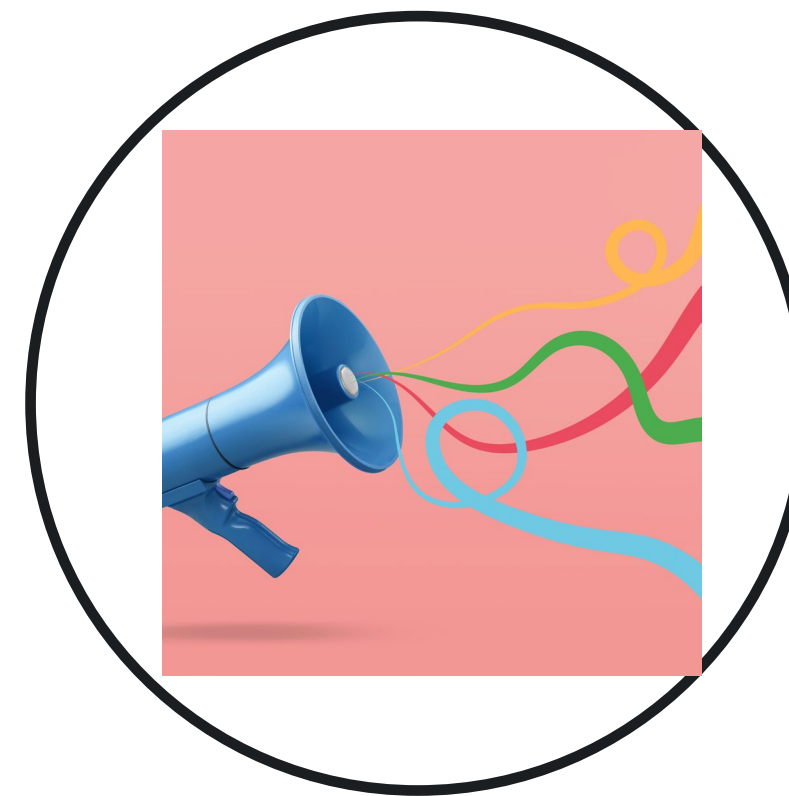


Built in some flexibility with your contract

Worker case conferences

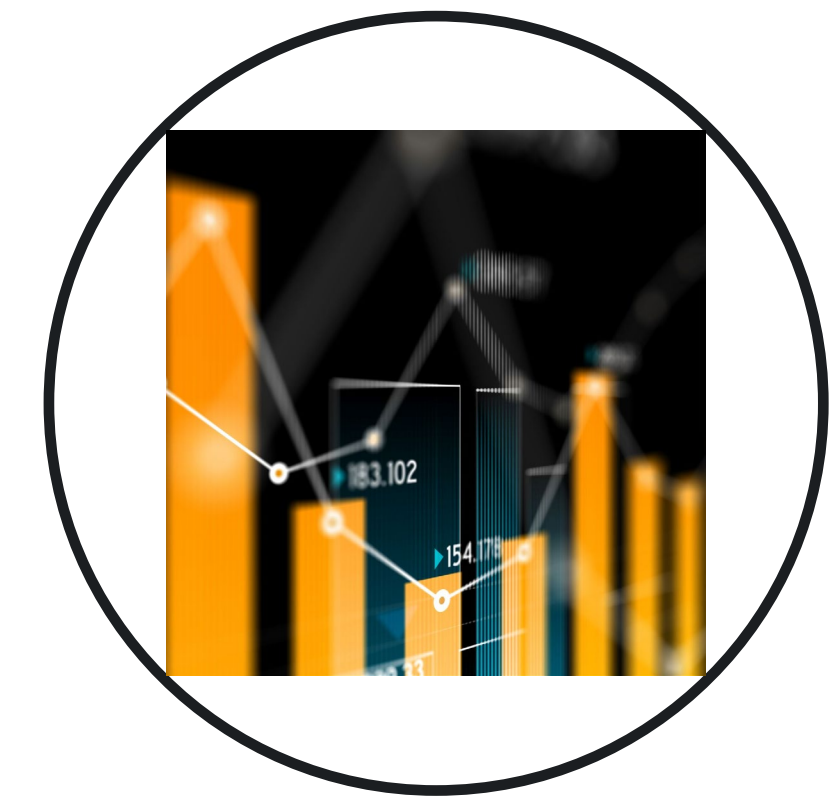
Support with W-R ill health
investigations

Support for writing / reviewing policies



Deal with any concerns soonest

Avoids duplication of work later on



Monitor what you both have agreed to do

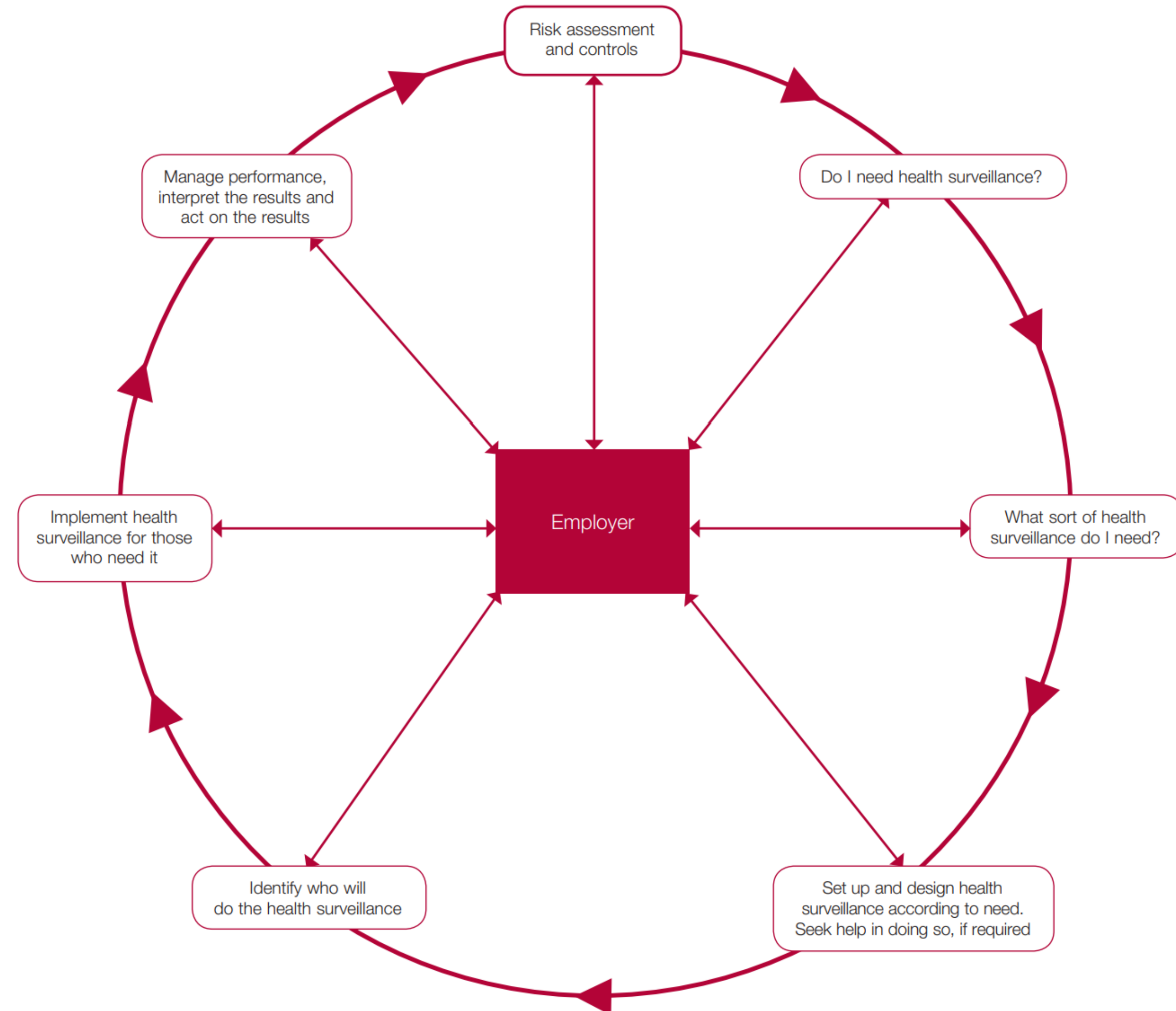
Key performance indicators

Report turnaround

Involvement and sharing
information

The health surveillance cycle

The diagram below provides an overview of the health surveillance cycle. The employer has a central role in every aspect with involvement from employees to ensure effective implementation.



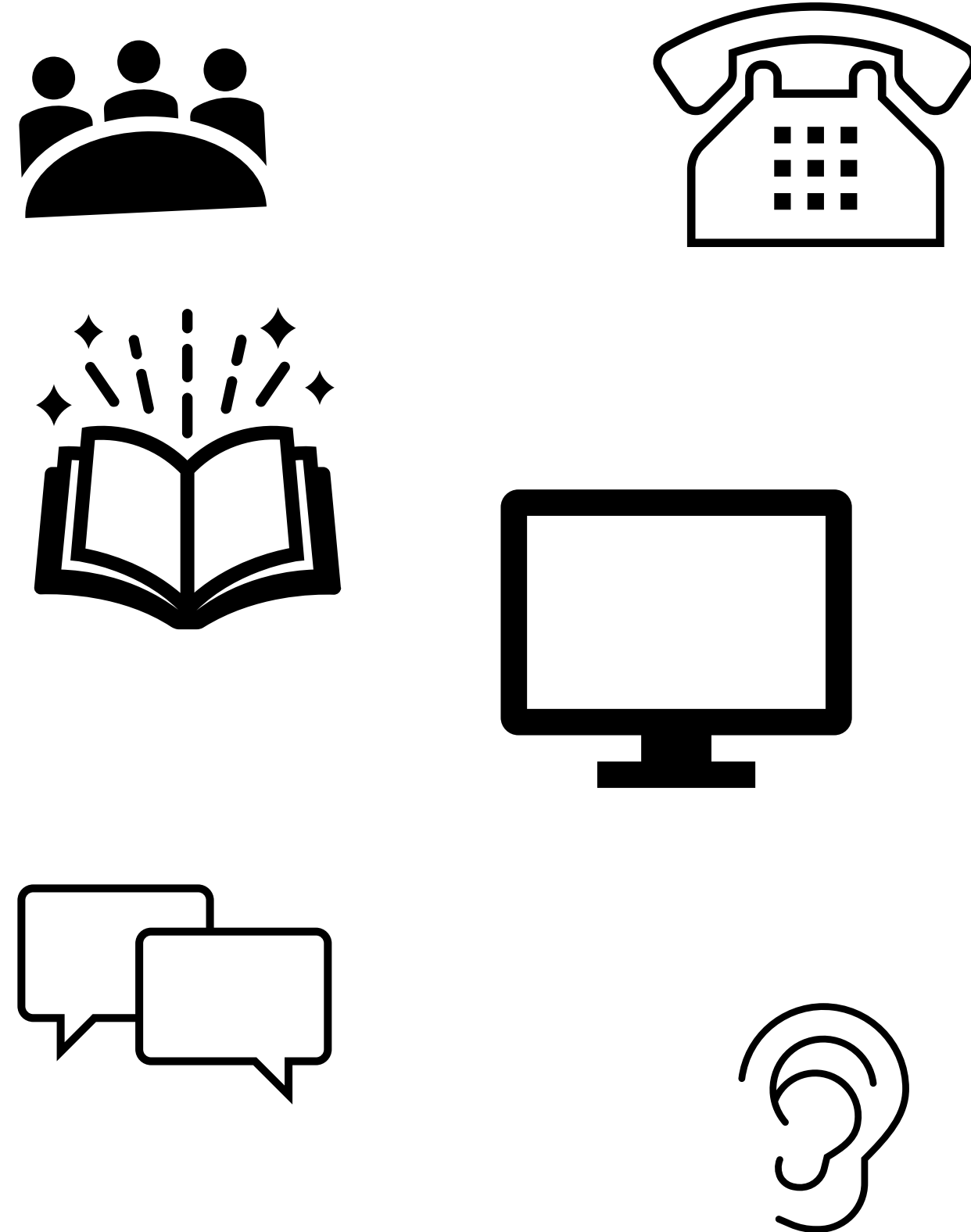
A good health surveillance programme :

- Risk based
- Prioritised
- Involves the OHSP visiting site
- Integrated into your policies
- Provides you with feed back - individual and group
- Engages management, H&S, HR and OH
- Engages and informs your workforce
- Clear about management advice vs confidentiality
- Has a *Good* contract agreed for 3-5 years



How do I contact an Occupational Health Provider?

No single list of Occupational health service providers / individuals. TRY ...



- Safe and Healthy Working (in Scotland) (0800 0192211)
- Your local NHS Trust, some outsource their OH services
<https://www.nhshealthatwork.co.uk/support-for-business.asp>
- Yellow pages “Occupational health + your county”
- Professional bodies (NMC, FOM) and organisations e.g.: Commercial Occupational Health Providers Association (COHPA) 01933-232373
- SOM (Society of Occupational Medicine) 02074862641 or
www.som.org.uk
- Trade associations – word of mouth
- <https://www.seqohs.org/Accreditedunits.aspx>
- Use internet search engines
- Talk to your business *neighbour*.

Thank you for your time.

Questions?