



# HEALTH SURVEILLANCE OF EMPLOYEES POLICY

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<b>Responsible Committee/Sub Committee</b>	Workforce and Organisational Development Sub-Committee
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<b>Document consultation:</b>	Health, Safety and Welfare Group
<b>Patient and Public Involvement (outline any PPI input into policy and associated impact on service users and carers)</b>	PPI representation at Workforce and Organisational Development Sub-Committee
<b>What type of document is this (delete as appropriate)</b>	Policy
<b>Document applicable to (Identify by location and staff groups):</b>	All staff
<b>If new document, reason for development:</b>	To facilitate the identification and application of health surveillance in line with statutory requirements
<b>Synopsis outlining document aims:</b>	The policy outlines responsibilities within the Trust for identifying health risks linked to exposure to substances / processes that are known to harm health and, where necessary, mechanisms for accessing health surveillance.
<b>Implementation Date:</b>	July 2008
<b>How will the implementation of this document be monitored and reviewed</b>	This Policy will be monitored and reviewed by the Health, Safety and Welfare Group. Revision required following legislative changes will be made by the Head of Occupational Health.
<b>Document to be read In conjunction with:</b>	GR2 Health and Safety Arrangements and Responsibilities Policy GR3 Risk Management Policy GR1 Incident Reporting, Management and Review Policy
<b>Financial resource implications of this document and how these are going to be addressed:</b>	Potential inadequate capacity within Occupational Health to accommodate high numbers of health surveillance requests. Briefing paper to be prepared for consideration within the Business Development Group.



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## **1 INTRODUCTION/ BACKGROUND**

This is an "umbrella" policy covering all health surveillance requirements within Cheshire and Wirral Partnership NHS Foundation Trust.

This policy addresses the Trust's legal obligations under the Health and Safety at Work etc. Act 1974, The Management of Health and Safety at Work Regulations 1999, Control of Substances Hazardous to Health Regulations 2002, Reporting Incidents Diseases and Dangerous Occurrence Regulations (1995) and other related legislation. The policy aims to minimise the risks to health by detecting work related adverse health effects at the earliest opportunity and ensuring that information and training is provided to employees and managers.

The criteria for conducting health surveillance is:

- There is an identifiable disease or other identifiable adverse health outcome
- The disease or health effect may be related to exposure
- There is a likelihood that the disease or health effect may occur
- There are valid techniques for detecting indications of the disease or health effects

The purpose of the health surveillance programme is to:

- detect at an early stage those employees with an increased risk of developing adverse health effects and where indicated instigate appropriate action
- monitor the workforce and maintenance of control measures to prevent such effects developing
- provide a framework to identify adverse health effects at an early stage
- provide baseline data for later periodic surveillance and to assist in the evaluation of control measures.

## **2 CONTENT OF THE POLICY**

This policy contains duties and responsibilities, managers guidance on health surveillance and an occupational health department health surveillance enquiry form, as well as the mandatory training needs analysis and equality and diversity/human rights impact assessment.

## **3 DUTIES AND RESPONSIBILITIES**

### **3.1 EXECUTIVE TEAM**

- The Executive Team has a duty to ensure that a programme of health surveillance is delivered in accordance with current legal and statutory obligations (Appendix 1).

- As the accountable officer, the Chief Executive has overall responsibility for ensuring that effective arrangements and processes are in place for the identification of risk and for the delivery of a health surveillance programme.

### **3.2 MANAGER'S RESPONSIBILITIES**

- Each line manager is responsible for ensuring that the risks arising from the activities within his/her area of responsibility have been assessed (see appendix 1) and the results have been communicated to employees. Further advice is available from the Risk Management Policy (GR3) and <http://www.hse.uk/pubns/indg304.pdf>
- To inform the Occupational Health Service when any local risk assessment identifies a potential adverse health effect to determine if there is a need for health surveillance to be undertaken (Appendix 2).
- To provide, where necessary, copies of relevant documentation such as occupational exposure/environmental monitoring.
- To ensure all new employees intending to work with identified hazards have completed pre-employment health assessment and baseline health surveillance.
- Where identified as appropriate by risk assessment, managers must ensure staff comply with any relevant ongoing health surveillance programme.
- To accommodate appointments for health surveillance within normal working hours and maintain appropriate record of attendances and outcomes.
- To ensure that adjustments to work advised by Occupational Health Service are acted upon and where this is not reasonably practicable, to report this back to the Occupational Health Service.
- To ensure prompt referral to the Occupational Health Service if an employee reports symptoms of ill health or disease which may be attributed to work.
- To report any untoward incident in accordance with the Incident Reporting, Management and Review Policy (GR1).

### **3.3 EMPLOYEE RESPONSIBILITIES**

- All employees have a legal duty to co-operate with the Trust on matters of health and safety; this extends to health surveillance where it has been identified as a necessary control measure or where there is a specific statutory requirement.
- To inform their line manager of any concern about their health and safety or that of others affected by their work.
- To inform their line manager about any ill-health experienced which they perceive to be caused by work or which affects their ability to undertake their work.

### **3.4 OCCUPATIONAL HEALTH SERVICES RESPONSIBILITIES**

- To provide advice as requested/indicated to managers about health hazards so as to inform their risk assessment process.
- To advise managers on the statutory requirements for health surveillance as determined by the information from local risk assessment outcomes.
- To ensure all staff involved in delivering health surveillance are appropriately trained/competent.
- To conduct initial and ongoing health surveillance.
- To notify the manager of the suitability of the individual for placement/post along with any recommendations, modifications, restrictions and ongoing surveillance requirements (Including when individual refuses to undergo health surveillance).
- To notify the manager and Health and Safety Officer of any disease which is reportable under RIDDOR 1995.
- To ensure that the legal requirement to maintain and retain Occupational Health records is fulfilled.

### **3.5 HEALTH AND SAFETY OFFICER / RISK MANAGEMENT RESPONSIBILITIES**

- To provide support to managers in the risk assessment process.
- To ensure the reporting of any prescribed Occupational Disease to the Health and Safety Executive is completed.

## APPENDIX 1

### MANAGER GUIDANCE ON HEALTH SURVEILLANCE REQUIREMENTS

#### **Harmful and Hazardous Substances**

Staff working with some chemicals and other harmful substances/processes are required to have regular health surveillance. The requirements for health surveillance is stated within the COSHH regulations and can be found on the hazard data sheets of substances which are held by local managers.

Substances/processes which may require health surveillance include (list not exhaustive):

#### **a) Respiratory sensitisers**

A respiratory sensitiser is a substance which when breathed in can trigger an irreversible allergic reaction in the respiratory system.

Examples of such substances include:

- Isocyanates (e.g. foam/plastic manufacturing, plaster dust)
- Flour/grain/hay
- Glutaraldehyde
- Electronic soldering flux
- Animal fur/dust
- Coolants/oils
- Wood dusts
- Certain reactive dyes
- Certain drugs including penicillin, tetracycline and methyldopa
- Enzymes including *Bacillus subtilis* and pancreatic extracts
- Fungi
- Epoxy resin
- Various metal salts including chromium and nickel

***This list is not exhaustive.***

Respiratory health surveillance involves respiratory questionnaire and/or spirometry (lung function tests)

#### **b) Skin sensitisers**

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

Examples of skin irritants / sensitisers include: Metals (nickel, chromate)

- Preservatives (e.g. formaldehyde)
- Hardeners found in plastics/glues and epoxy resin
- Colophony
- Perfumes
- Latex
- Rubber accelerators and antioxidants
- Certain topical anaesthetics such as procaine
- Certain metals (e.g. mercury and nickel) and salts

***This list is not exhaustive.***

Skin health surveillance involves skin questionnaire and/or skin assessment

### **c) Biological agents**

Examples of potential biological exposure includes:-

- Blood borne viruses e.g. Hepatitis B, Hepatitis C and HIV (Healthcare workers)
- Tetanus (Gardeners)
- Legionella (Estates Staff)
- Typhoid (Plumbers, Lab workers)
- Diphtheria (Lab workers)

This list is not exhaustive.

Biological health surveillance involves blood, urine and or swab testing

*Ref: COSHH Regulations 2002*

### **d) Asbestos**

The use of asbestos is varied and may include asbestos cement, building and insulating materials, brake linings and fire proofing devices. Asbestos is only dangerous when disturbed and if safely managed and contained doesn't present a health hazard. For further information please contact the Health and Safety Officer for your area.

### **e) Lead**

Lead exposure can occur when you work in industrial processes which create lead dust, fume or vapour. These include:

- working with metallic lead and alloys containing lead, for example soldering;
- some painting of buildings; some spray-painting of vehicles;
- blast removal and burning of old lead paint;
- stripping of old lead paint from doors, windows etc;



- hot cutting in demolition and dismantling operations

Lead is absorbed into the body through:

- breathing in lead dust, fume or vapour
- swallowing any lead, for example eating, drinking, smoking, or biting nails without adequate washing of hands and face.

Health surveillance usually involves urine testing and occasionally may include blood testing.

#### **f) Noise**

If people have to shout or have difficulty being heard clearly by someone about 2 metres away, there may be a noise problem. Local risk assessments should be conducted on all processes that generate high levels of noise to determine any health surveillance and indicate where measures should be taken to reduce exposure.

Under the Noise at Work Regulations (2005) there are various levels at which action needs to be taken. The lower exposure action values is daily or weekly exposure (average) of 80 dB or a peak sound pressure (maximum noise) of 135 dB.

Lower exposure action values:

- daily or weekly exposure (average) of 80 dB
- peak sound pressure (maximum noise) of 135 dB

Upper exposure action values:

- daily or weekly exposure of 85 dB
- peak sound pressure of 137 dB

Exposure limit values (Must not be exceeded):

- daily or weekly exposure of 87 dB
- Peak sound pressure of 140 dB

A guide to noise levels is:

- Normal conversation 50-60dB
- Loud radio 65-75 dB
- Heavy lorry 7 metres away 95-100dB
- Chain saw 115-120dB

Noise level measurement should be assessed by a competent person; if it is perceived that there may be a risk in your area of work further information should be requested from your local Health and Safety representative.

Noise health surveillance involves hearing questionnaire and audiometry (hearing tests).

*Ref: The Control of Noise at Work Regulations 2005.*

### **g) Vibration**

Vibration is widespread in the workplace, and often accompanies noise. It can be whole body (truck drivers) or local (hand held tools e.g. pneumatic drill, chainsaws, powered lawnmowers).

Vibration at Work Regulations:-

- Exposure action value of  $2.5\text{m/s}^2$  A (8) at which level employers should introduce technical and organisational measures to reduce exposure.
- Exposure limit value of  $5.0\text{m/s}^2$  A (8) which should not be exceeded.

There are simple, non technical and common sense measures which can be introduced to reduce exposure to vibration at work.

Vibration health surveillance involves questionnaire and/or HAVS assessment

*Ref: Control of Vibration at Work Regulations 2005*

### **h) Other**

Other health surveillance requirements might be linked to working with chemicals / substances / processes with the relevant risk and safety phrases e.g. heavy metals, minerals, solvents and/or radiation.



OCCUPATIONAL HEALTH DEPARTMENT

Health Surveillance Enquiry Form

*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 whether health surveillance is required.*

*To be completed by line manager*

**SECTION A – DETAILS OF SUBSTANCE / EXPOSURE**

a) Substance / process exposed to: .....

b) Where environmental monitoring data available please provide:

Level of exposure: ..... Frequency: .....

OES: ..... OEL: .....

c) What safety /control measures are currently in place?

.....  
.....  
.....

d) Has health surveillance previously been required for this purpose? YES / NO

**Name (print):** ..... **Date:** .....

**Signature:** ..... **Designation:** .....

**Completed forms should be returned to your designated OH department**

**For Occupational Health Use only**

**SECTION B – HEALTH SURVEILLANCE REQUIREMENTS**

		<b>YES</b>	<b>NO</b>
<b>1</b>	Is there is an identifiable disease or other identifiable adverse Health outcome?		
<b>2</b>	Could the disease or health effect be related to exposure?		
<b>3</b>	Is there a likelihood that the disease or health effect may occur?		
<b>4</b>	Are there valid techniques for detecting indications of the disease or health effects?		

**Comments:**

.....

.....

.....

Health surveillance indicated: **YES / NO**

Nature of surveillance required (tick where indicated):

- Respiratory
- Noise
- Whole Body Vibration
- Driving (specify): LGV / PCV / FLT / Other: .....
- Other (specify).....
- Skin
- Hand Arm Vibration
- Heavy metal exposure

**Name (print):** ..... **Date:** .....

**Signature:** ..... **Designation:** .....  
 (Copy of the completed form to be returned to referring manager).

**Note to Line Manager:** If Health surveillance indicated above, please forward the details (names, dates of birth, designations, work bases) of staff to undergo this surveillance to your designated Occupational Health department along with a copy of this form in order that appropriate arrangements can be made for them to be seen.

### APPENDIX 3

#### Training Needs Analysis for the approved document

Please tick as appropriate

There <b>is no</b> specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required)	✓
There <b>is</b> specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required- link with learning and development department.	

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/handout)	Is this included in Trustwide essential learning programme for this staff group (✓ if yes)
Career Grade Doctor				
Training Grade Doctors				
Locum medical staff				
Inpatient Registered Nurse				
Inpatient Non- registered Nurse/Care Assistant				
Community Registered Nurse				
Community Non Registered Nurses/Care Assistants				
Psychologists/Pharmacists				
Therapists				
Clinical bank staff regular worker				
Clinical bank staff infrequent worker				
Non-clinical patient contact				
Non-clinical non patient contact				

Please give any additional information impacting on identified staff group training needs (if applicable)

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc

**ADDITIONAL INFORMATION FOR CONSIDERATION:**

**NAME** .....

**DATE** .....

## APPENDIX 4

### Equality and diversity/Human Rights impact assessment

	IS IT RELEVANT?		HOW RELEVANT IS IT?	
	Does the policy include anything that ... Eliminates discrimination and/or Promotes equal opportunities (Answer yes, no or N/A for each category listed)	Is there evidence to believe that groups could be treated different- if so, which groups within each category(e.g. under 16 year olds in age category)	How much evidence do you have  None or a little Some Substantial	Is there public concern that the policy is discriminatory <sup>1</sup>  (Answer yes, no or N/A for each category listed)
Race	NO	NO	N/A	N/A
Gender	NO	NO	N/A	N/A
Disability	NO	NO	N/A	N/A
Age	NO	NO	N/A	N/A
Sexual orientation	NO	NO	N/A	N/A
Religion or beliefs	NO	NO	N/A	N/A

**Now evaluate your answers by using the criteria provided and underline which describes your policy**

Relevance	Rationale	Monitoring <sup>2</sup>
High relevance	If there is substantial evidence that indicates that groups could be treated differently because of the policy	You need to start monitoring the impact of this policy within a year of it being introduced
Medium relevance	If there is some evidence that indicates that groups could be treated differently because of the policy	You need to start monitoring the impact of this policy within 2 years of it being introduced:
<u>Low relevance</u>	If there is little/no evidence that indicates that groups could be treated differently because of the policy	Impact monitored at least every 3 years

<sup>1</sup> Could be gauged from surveys, audit data, complaints etc,

<sup>2</sup> Policy Reviews Group working with Equality & Diversity/Human Rights Group must monitor the impact of policies through the following channels: results from the national service user survey, the national mental health and ethnicity census, complaints data, PALS feedback, individual systems within clinical services through which ward and community staff liaise with service users and carers i.e. ward meetings, modern matron meetings

<sup>4</sup> This assent will be reviewed by the Equality and Diversity/Human Rights group

## Human Rights

When developing any policies, policy writers should ask themselves ‘does the policy engage/restrict anyone’s Human Rights?’

<p><b>What is the Convention of Human Rights?</b></p>	<p>There are 16 basic rights in the Human Rights Act, all taken from the European Convention on Human Rights. There are 3 types of rights detailed as follows:</p> <table border="1" data-bbox="491 398 1457 1039"> <tr> <td data-bbox="491 398 922 667"> <p><b>Absolute- cannot opt out of these rights under any circumstance-</b> cannot be balanced against any public interest</p> </td> <td data-bbox="922 398 1457 667"> <p>Right to life Prohibition of torture Prohibition of slavery and forced labour No punishment without law Right to free elections Right to marry Abolition of the death penalty</p> </td> </tr> <tr> <td data-bbox="491 667 922 770"> <p><b>Limited-</b> these rights are subject to predetermined exceptions</p> </td> <td data-bbox="922 667 1457 770"> <p>Right to liberty and security Right to a fair trial</p> </td> </tr> <tr> <td data-bbox="491 770 922 1039"> <p><b>Qualified-</b> these rights can be challenged in order to protect the rights of other people</p> </td> <td data-bbox="922 770 1457 1039"> <p>Respect for private and family life Right to Freedom of thought, conscience and religion Freedom of expression Freedom of assembly and association Prohibition of discrimination Protection of property Right to education</p> </td> </tr> </table>	<p><b>Absolute- cannot opt out of these rights under any circumstance-</b> cannot be balanced against any public interest</p>	<p>Right to life Prohibition of torture Prohibition of slavery and forced labour No punishment without law Right to free elections Right to marry Abolition of the death penalty</p>	<p><b>Limited-</b> these rights are subject to predetermined exceptions</p>	<p>Right to liberty and security Right to a fair trial</p>	<p><b>Qualified-</b> these rights can be challenged in order to protect the rights of other people</p>	<p>Respect for private and family life Right to Freedom of thought, conscience and religion Freedom of expression Freedom of assembly and association Prohibition of discrimination Protection of property Right to education</p>
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<p><b>Where can I get more information about this?</b></p>	<p>More details can be found at the Department of Constitutional Affairs (DCA) <a href="http://www.dca.gov.uk/peoples-rights/human-rights/publications.htm">http://www.dca.gov.uk/peoples-rights/human-rights/publications.htm</a> <b>Publications</b> DCA (Oct 2006) Human rights: human lives – a handbook for public authorities, crown copyright DCA (Oct 2006) Making sense of human rights – a short introduction, crown copyright DCA (Oct 2006) A Guide to the Human Rights Act 1998, crown copyright</p>						
<p><b>What should I do if I suspect my policy affects anyone’s Human Rights?</b></p>	<p>You should forward for discussion at the Trustwide Equality and Diversity and Human Rights Group within the Trust- contact John Short, Chief Operating Officer, executive lead for Equality &amp; Diversity and Human Rights mailto: <a href="mailto:john.short@cwpa.nhs.uk">john.short@cwpa.nhs.uk</a></p>						

Please tick one of the following

<p>The above has been considered and to the best of my knowledge my policy <b>does not affect</b> any of the human rights listed</p>	<input checked="" type="checkbox"/>
<p>The above has been considered and my policy does affect a human right article(s) but this has been discussed and ‘qualified’ at Trust Equality and Diversity and Human Rights Group</p>	<input type="checkbox"/>