

GUIDANCE NOTE	HEALTH SURVEILLANCE	Code: O001	Issue: C
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WHY CARRY OUT HEALTH SURVEILLANCE?

The benefits of health surveillance are that it can:

- Provide information to detect harmful health effects at an early stage, thereby protecting employees and confirming whether they are still fit to do their jobs.
- Check that control measures are working well by giving feedback on risk assessments, suggesting where further action might be needed and what that might be.
- Provide data, by means of health records, to detect and evaluate risks.
- Provide an opportunity to train and instruct employees further in safe and healthy working practices.
- Give employees the chance to raise any concerns about the effect of their work on their health.

WHEN IS HEALTH SURVEILLANCE APPROPRIATE?

Health surveillance is required where you answer yes to all of the following:

- Is the work known to damage health in some particular way?
- Is it reasonably likely that damage to health may occur under the particular conditions at work?
- Are there valid ways to detect the disease or condition? (Health surveillance is only worthwhile where it can reliably show that damage to health is starting to happen or becoming likely. A technique is only useful if it provides accurate results, is safe and practicable.)
- Is surveillance likely to benefit the employee?

For example, these criteria would be met in the following circumstances:

- High noise levels are known to cause hearing loss.
- A valid technique - hearing tests - can detect the effect of noise on the hearing of individuals who work in noisy conditions.
- Hearing tests will benefit employees by identifying those at risk so that measures can be taken to protect them and improve working conditions.

Other tips for assessing whether health surveillance might be appropriate include:

- Known previous cases of work-related ill-health in the workplace.
- Reliance on personal protective equipment (PPE) as an exposure control measure.
- Evidence of ill-health in the jobs found within the construction industry.

Health surveillance is likely to be required for employees who are significantly exposed to:

- Hazardous substances such as chemicals, solvents, fumes, dusts, gases, vapours, aerosols, biological agents and carcinogenic materials (under the Control of Substances Hazardous to Health (COSHH) Regulations).
- Asbestos (under COSHH and the Control of Asbestos Regulations).
- Lead (under COSHH and the Control of Lead at Work Regulations).
- Noise (under the Control of Noise at Work Regulations).
- Hand-arm and whole-body vibration (under the Control of Vibration at Work Regulations).
- Ionising radiation (under the Ionising Radiation Regulations).
- Compressed air work environments (under the Compressed Air Regulations).
- Ultraviolet radiation, i.e. direct sunlight.

HAZARDOUS ACTIVITIES/PROCESSES NOT REQUIRING HEALTH SURVEILLANCE

Many activities may be carried out by employees that, although potentially hazardous to health, do not require formal health surveillance. In such cases exposures are so rare, short or slight that there is only a minimal risk to the employee. Employers must ensure that under these circumstances all employees are provided with information, instruction and training on how to protect their health from these hazards.

KEEPING RECORDS

Employers must keep an up-to-date health record for each individual employee placed under health surveillance. It should contain at least the following particulars which are approved by the HSE:

- Identifying details:
 - Surname and forename;
 - Permanent address;
 - Sex;
 - Date of birth;
 - National Insurance Number;
 - Date of commencement of present employment;
 - A historical record of jobs in this employment involving exposure to identified substances requiring health surveillance.
- Results of all other health surveillance procedures, including medical surveillance, and the date on which and by whom they were carried out. The conclusions should relate only to the employee's fitness for work and will include, where appropriate:
 - A record of the decisions of the medical inspector or appointed doctor;
 - Conclusions of the medical practitioner, occupational health nurse or other suitably qualified or responsible person.

Individual health records must be kept for a considerable period. Under Regulation 11(3) of COSHH this period is 40 years following the last entry; other regulations may or may not prescribe other specific requirements. Health records should not include confidential clinical data and may be kept in any format, e.g. paper or electronically. Where records are kept electronically, employers should ensure that they have a suitable back-up system in the event of a serious computer failure.

MONITORING

Health surveillance is only appropriate and worthwhile if you can act upon the results. If employees are suffering from an adverse health effect, e.g. respiratory diseases or dermatitis, then you must prevent further exposure to the substance. This may be by a change of process or material, by relocating the worker or by the provision of respiratory protective equipment (RPE) or personal protective equipment (PPE). RPE and PPE are only suitable where exposure to the substance constitutes a small part of the work, i.e. for short periods of time.

CONCLUSION

In assessing the need for health surveillance remember the following:

- Health surveillance is not a substitute for preventing or controlling exposure; rather it is a way of seeking to protect employees' health.
- Using the right technique in the right way at the right time is critical. Getting it wrong can be expensive. Also remember that some tests are themselves not free from risk, e.g. x-rays, and the results, if inaccurate or badly explained, could add additional stress to employees.
- Whichever technique is used, you should carry out health surveillance systematically and regularly.
- Simply carrying out health surveillance procedures is not enough; it is essential you act upon the results.

