

GCU Health Surveillance Guide

1. What is Health Surveillance?

Health surveillance is a system of ongoing health checks and is important for detecting, at an early stage, work-related ill-health in staff that are exposed to certain types of risks, so that better controls can be introduced. It can identify occupational diseases such as occupational asthma, dermatitis and silicosis.

Health surveillance is required if:

- o There is an identifiable disease or adverse health effect and evidence of a link with workplace exposure.
- o The conditions in the workplace make it likely the disease/health effect may occur.
- o There are valid techniques for detecting signs of the disease or health effect.
- o Those techniques do not pose a risk to staff.

Health surveillance is a legal requirement when workers remain exposed to health risks, even after controls have been put in place, because control measures may not always be reliable. Health risks that may require health surveillance include noise, vibration, and substances hazardous to health. Health surveillance should be undertaken according to guidance in the relevant regulations and should be carried out periodically by a competent person.

2. Types of Health Surveillance

There are different types of health surveillance which could involve:

- o Providing guidance notes on symptoms.
- o Staff checking themselves for signs, symptoms or ill health following a training/information session on what to look out for and who to report symptoms to. This could include staff noticing soreness, redness, itching on their hands and arms where they work with substances that can irritate or damage the skin.
- o Specific health measurements such as lung function tests and hearing tests.

Specific Health Surveillance that may be required:

- o Skin surveillance
- o Respiratory screening
- o Audiometry (noise)
- o Hand-arm vibration

Examples where health surveillance may be required:

- Where there have been previous cases of work-related ill health in the workforce/place.
- Where there is reliance on Personal Protective Equipment as an exposure control measure.
- Where there is evidence of ill health in jobs within the particular industry.

Health surveillance should not be confused with general health screening, health promotion, fitness to work examinations (e.g., fitness to drive, operate forklift trucks etc) or activities to monitor health where the effects from work are strongly suspected but cannot be established.

In addition to health surveillance, there is a requirement to carry out health assessments for particular groups of employees. This is offered before they start employment and on a regular basis after that. This can be carried out with a questionnaire. In the University, this would include night shift staff and drivers.

Please note, the list is not exhaustive, and advice is available from Occupational Health and the University Health and Safety Advisor.

There is a legal requirement for medical surveillance for certain high hazard substances or agents such as lead, asbestos, ionising radiation, and work with substances hazardous to health in particular processes listed in schedule 5 of COSHH 2002 (see Appendix 1). Medical surveillance must be carried out by a Health and Safety Executive appointed Doctor.

3. How is Health Surveillance Identified?

The starting point is your risk assessment which identifies workplace hazards, who is at risk and the measures taken to control the risks. Where some risk to health remains after the implementation of all reasonable precautions and/or the risk assessment identifies that health surveillance is required, a programme may need to be put in place.

Additional relevant sources of information should also be referred to, which could include the following:

- COSHH¹ assessments
- Safety Data Sheets (SDS)
- Product Labels
- Information from suppliers e.g., cosmetics which do not have SDS
- PUWER assessments (Provision and Use of Workplace Equipment Regulations)
- Work Instructions or Standard Operating Procedures
- Occupational hygiene monitoring reports (eg. oxygen levels, dust sampling etc)
- Occupational noise monitoring reports
- Results from previous Occupational Health Surveillance
- Exposure monitoring e.g., vibration
- Manufacturer Specifications e.g., noise levels or vibration generated from machinery and equipment
- Topic specific HSE guidance, trade associations or other professional sources
- Site responsible person or duty holder e.g., ionising radiation, asbestos

The requirement for health surveillance should be considered both on a group and individual basis, as employees within the same team may carry out different activities and have different pre-existing health conditions.

¹ Control of Substances Hazardous to Health

Guidance is provided on a general basis and there may be specific circumstances or individual employee situations that require implementation of health surveillance out with normal parameters.

4. How to use this Guidance

The following sections identify different hazards that employees may be exposed to as part of their work activities, and for which health surveillance may be applicable. These are:

- 4.1 Physical Hazard – Excessive Noise
- 4.2 Physical Hazard – Vibration
- 4.3 Physical Hazard – Wet Working
- 4.4 Chemical Hazard – Corrosives, Skin Sensitisers or Skin Irritants
- 4.5 Chemical Hazard – Respiratory Sensitisers, Respiratory Asthmagens or Respiratory Irritants
- 4.6 Chemical Hazard – Carcinogens
- 4.7 Biological Hazard – Animal Allergens
- 4.8 Medical Surveillance – Asbestos
- 4.9 Medical Surveillance – Lead
- 4.10 Ionising Radiation

Please read the introductory guidance for each hazard to determine if it is applicable to employees in your team, and if so, work through the corresponding flow charts. As you answer the questions, if you are unsure, refer back to the guidance and continue to work your way through the flowchart questions.

If you are still unsure whether health surveillance may be applicable to the employee(s) in your team, speak to Health and Safety (University Health and Safety Advisor or Local Advisor/Co-ordinator) for further advice and guidance.

Once you have reached the end of each flow chart, complete the Health Surveillance Form to identify which type of health surveillance may be required. Please note that whilst this guide mentions employees only, the health surveillance form will ask you to note all individuals that might require health surveillance which may include students and academic visitors. Please also note that recording the information on the form does not mean health surveillance will be required but will help to inform discussions as to whether it will.

4.1 Physical Hazard - Noise

Employees require health surveillance in the form of audiometry (hearing) tests if they are regularly exposed to noise levels above an exposure limit of 85 dB(A) and peak sound pressures of 137 dB(C). Occupational noise monitoring assessments may have been carried out for your department or area; these should be referred to if applicable. Look at the areas where your employee(s) work, identify if there is signage in place stipulating the mandatory use of hearing protection.

When considering if members of staff are exposed to excessive noise levels, consider:

- Are the noise levels intrusive for the majority of the working day?
- Do employees have to raise their voice to be heard during a normal conversation when about 2 metres apart?
- Do employees use noisy powered tools or machinery for more than half an hour each day?
- Do you work in a sector that is known to have noisy tasks such as construction, woodworking, or engineering?

- Are there noises due to impacts such as hammering or pneumatic impact tools?

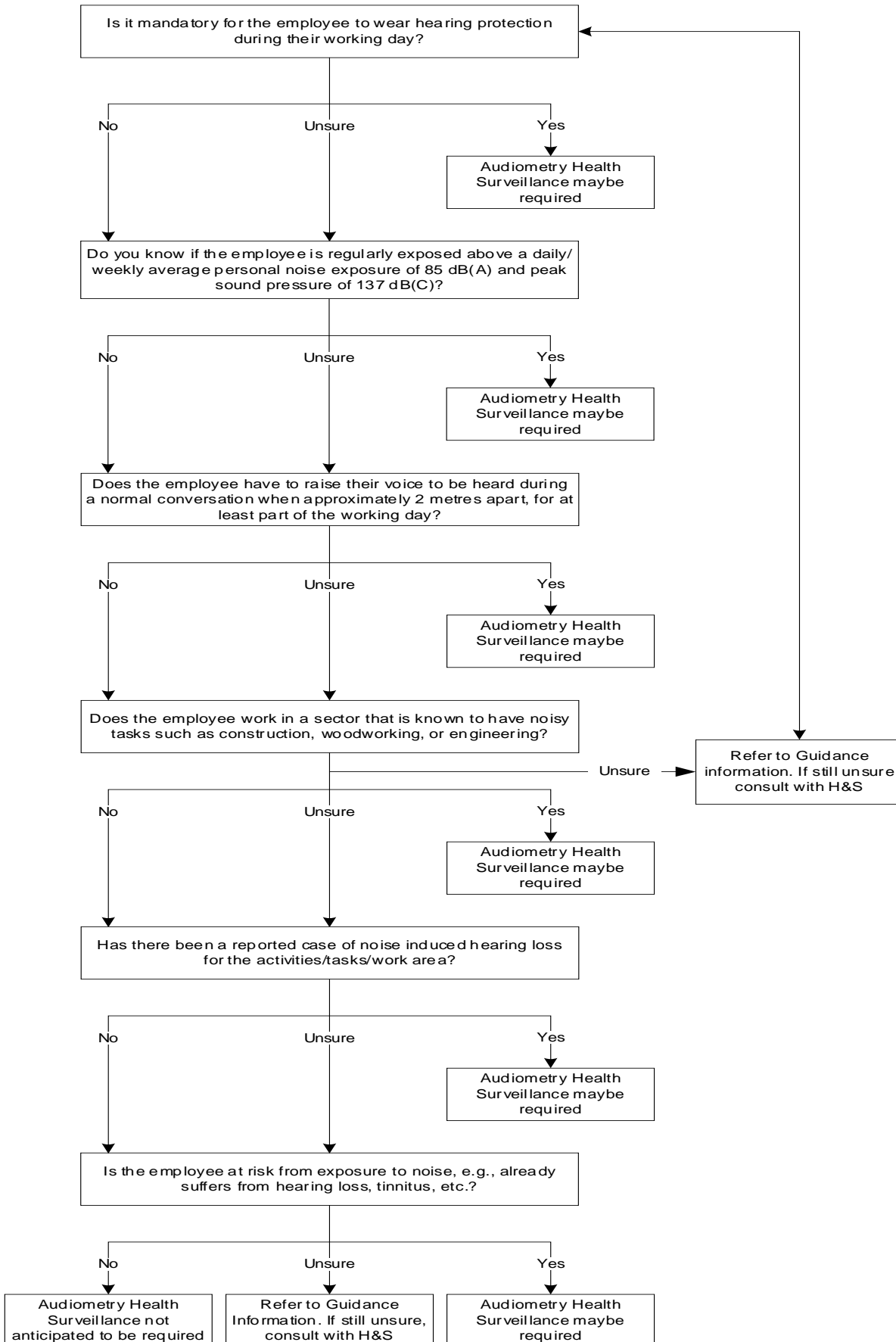
Further information, including a link to the Health and Safety Executive (HSE) noise exposure calculator can be found on the [Noise](#) section of the GCU Health and Safety webpages.

If you are unsure if staff are exposed to excessive noise levels, speak to (University Health and Safety Advisor or Local Advisor/Co-ordinator) as a noise survey and monitoring assessment may need to be conducted to determine the levels.

If you are unsure if your employee(s) are at personal risk from exposure to noise, speak to them to find out if they have existing medical conditions such as hearing loss or tinnitus.

If a case of noise induced hearing loss has been reported for the activity, area etc. then members of staff that carry out the same tasks or work in the relevant area may require audiometry testing. Information on reported cases may be received through Occupational Health, staff absence information or People Services, ensuring no unauthorised confidential information is disclosed. If a member of staff reports changes to their hearing, they should be referred to Occupational Health for assessment.

Excessive Noise



4.2 Physical Hazard - Vibration

When considering if employees are exposed to vibration, think about the tasks and activities that they are carrying out, including the equipment and machinery that is used. Examples of vibrating equipment include hand-held power tools, needle guns and sanders.

Employees require health surveillance in the form of hand arm vibration surveillance if they are:

- regularly exposed above the action value of 2.5 m/s² A(8).
- likely to be exposed occasionally above the action value and where the risk assessment identifies that the frequency and severity of exposure may pose a risk to health.
- have a diagnosis of Hand/Arm Vibration Syndrome (even when exposed below the action value).

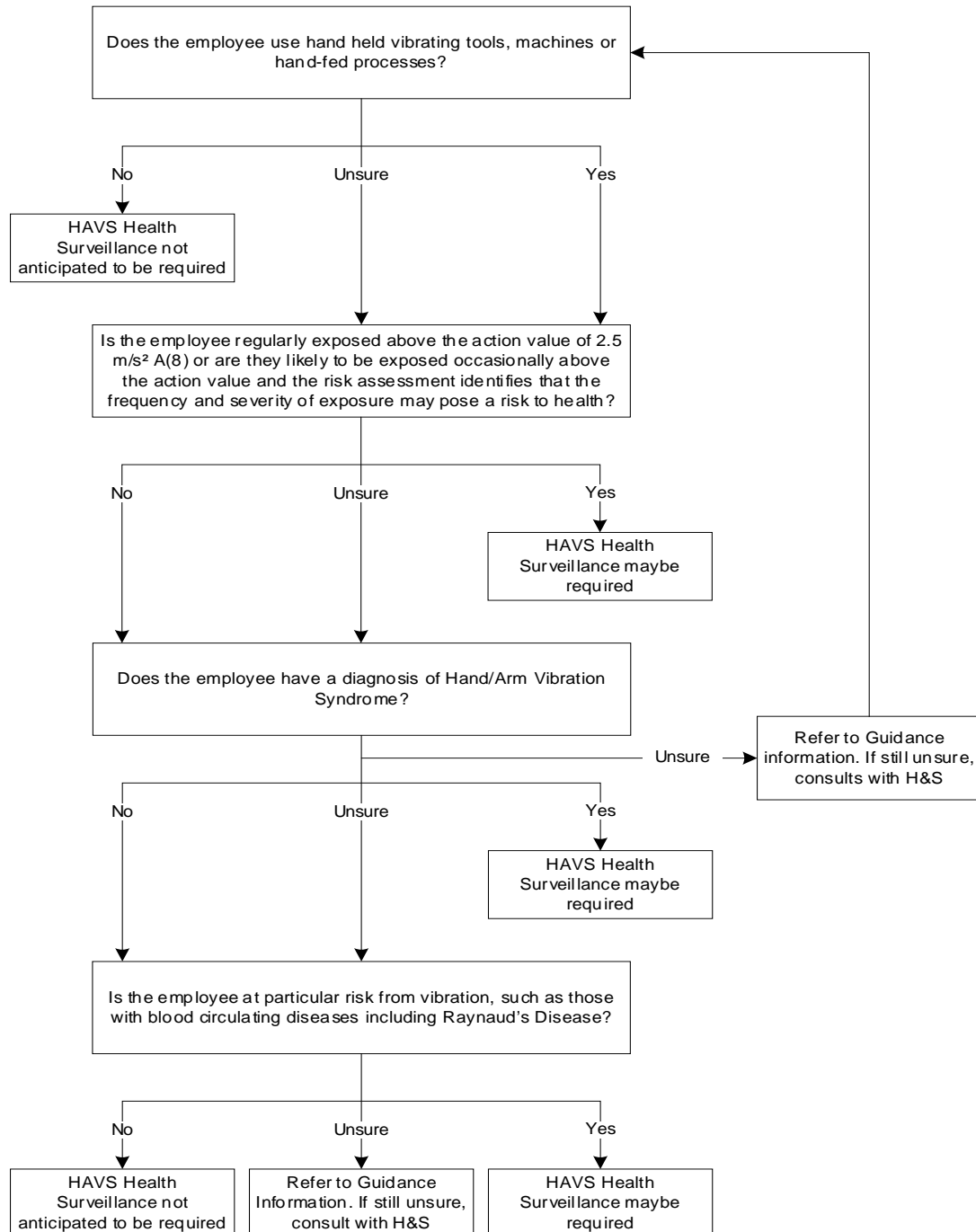
Where applicable, check and refer to risk assessments, PUWER assessments, hand-arm vibration exposure logs and equipment specifications provided by the manufacturer.

Further information, including a link to the HSE Hand-Arm vibration exposure calculator can be found on the [Vibration](#) section of the GCU Health and Safety webpages.

If you are unsure if your employee(s) have a diagnosis of Hand/Arm Vibration Syndrome, or are at particular personal risk from exposure to vibration, speak to them to find out if they have existing medical conditions such as a blood circulating disease including Raynaud's Disease.

If a case of Hand/Arm Vibration Syndrome (HAVS) has been reported and a HAVS assessment with exposure logs has not been completed, then this should be carried out. Please contact Health and Safety (University Health and Safety Advisor or Local Advisor/Co-ordinator) as appropriate for further advice. Information on reported cases may be received through Occupational Health, staff absence information or People Services, ensuring no unauthorised confidential information is disclosed. If a member of staff reports changes in sensation in their hands as a result of work activities, then they should be referred to Occupational Health for assessment.

Vibration



4.3 Physical Hazard – Wet Working

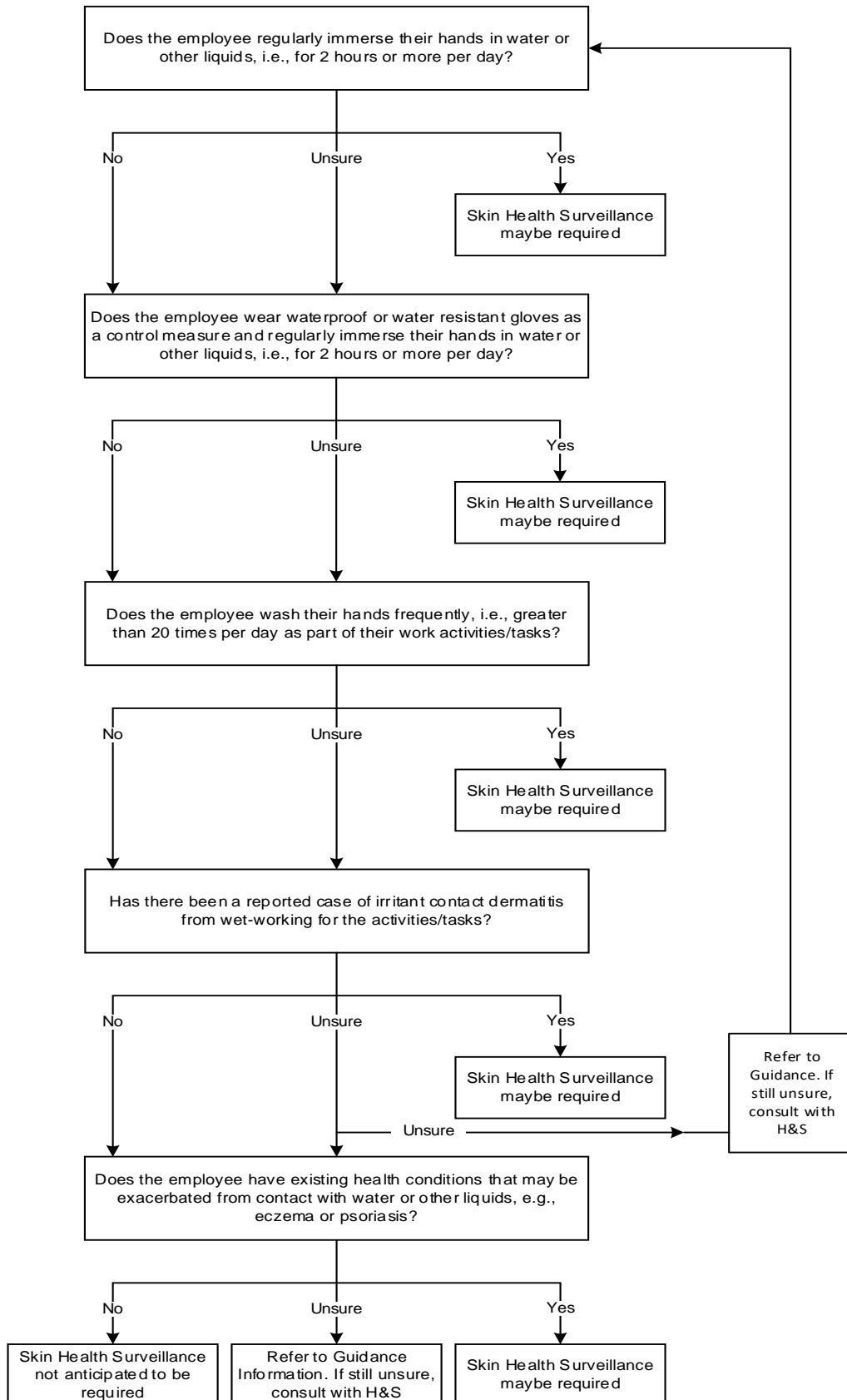
Employees may require health surveillance in the form of skin surveillance if they have prolonged or frequent contact with water, particularly in combination with soaps, detergents, or other chemicals. Prolonged contact is deemed as contact for more than 2 hours a day as part of the work activity, and repeated contact is deemed as washing hands greater than 20 times per day as part of work activities. Normal washing of hands for hygiene purposes is not applicable. Several industries have the potential for increased incidence of irritant contact dermatitis from wet working including hairdressing, beauty treatments, cleaning, food preparation, metal work, construction work and flower arranging.

If you are unsure whether employees carry out wet working, speak to staff and/or carry out a survey to observe work activities and record the duration of contact or the frequency of handwashing as part of the tasks. If you are still unsure, speak to Health and Safety (University Health and Safety Advisor or Local H&S Advisor/Co-ordinator) for assistance.

If you are unsure if your employee(s) are at risk from wet working speak to them to find out if they have existing medical conditions such as eczema or psoriasis.

If a case of irritant contact dermatitis has been reported for the activity, then employees that carry out the same tasks or work may require skin health surveillance. Information on reported cases may be received through Occupational Health, staff absence information or People Services, ensuring no unauthorised confidential information is disclosed. If a member of staff reports changes to the condition of their skin, they should be referred to Occupational Health for assessment.

Wet Working



4.4 Chemical Hazard – Corrosives, Skin Sensitisers or Skin Irritants

Employees may require health surveillance in the form of skin health checks if they have regular skin contact with corrosives, skin sensitisers or skin irritants, either used as part of the activity/task or generated from it. To determine what substances employees are exposed to and the exposure levels, check and refer to COSHH risk assessments, Safety Data Sheet (SDS) and occupational hygiene monitoring results, as applicable for your department. Look for hazard statements that include:

H314: Causes severe burns and eye damage

H315: Causes skin irritation

H317: May cause an allergic skin reaction

EU66: Repeated exposure may cause skin dryness or cracking

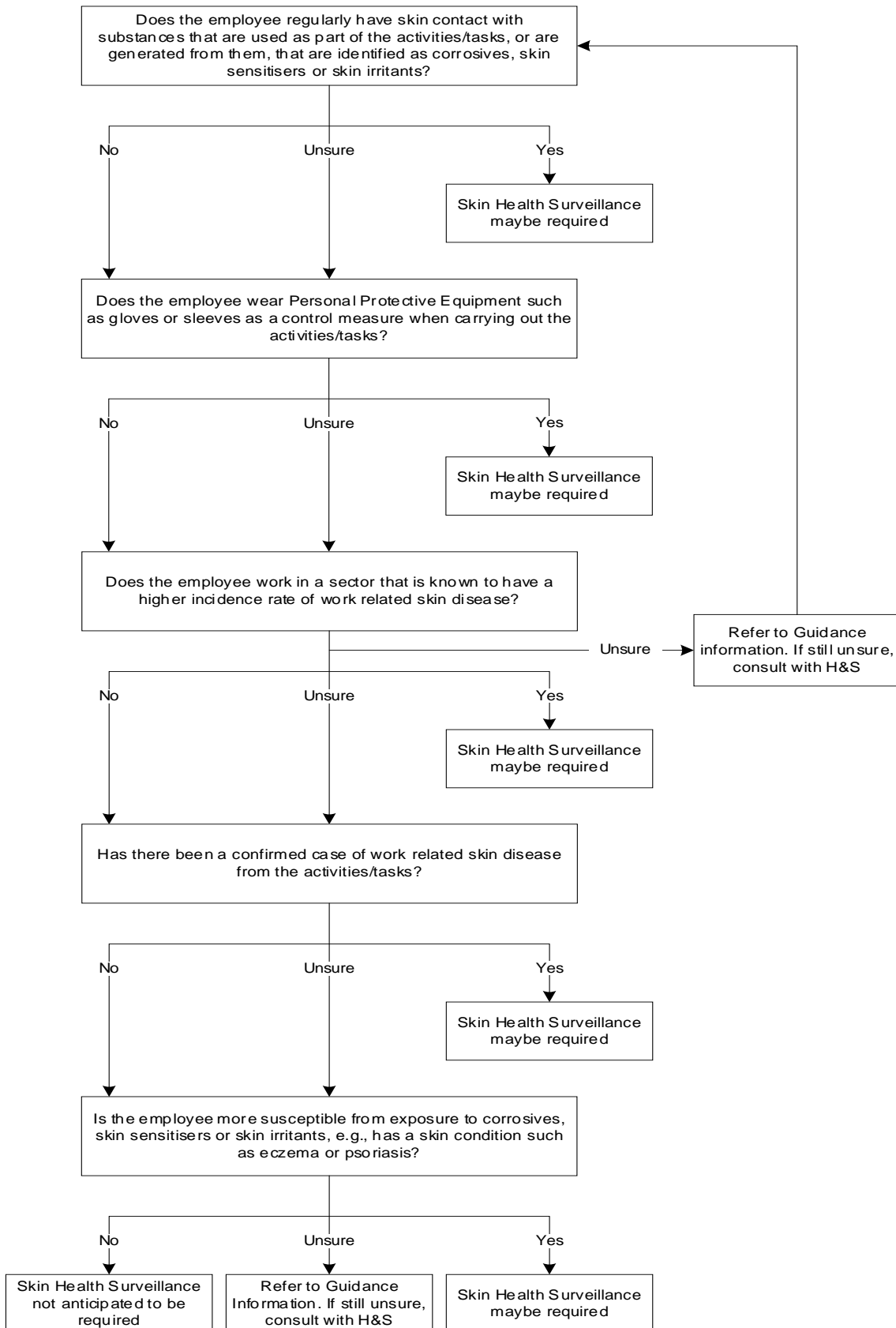
Corrosives, skin sensitisers and irritants can include; Alcohols, resins, plants, preservatives, nickel, degreasers and cleaning products, disinfectants, flour, latex, sodium hydroxide, hydrogen peroxide and ionising radiation. If employees routinely wear protective gloves as part of their required Personal Protective Equipment (PPE) for the task, then skin health surveillance may be required.

Occupations with a known higher incidence of work-related skin disease include beauticians, hairdressers, metal working, construction, food manufacturing, cleaning and flower arranging.

If you are unsure if your employee(s) are at risk from exposure to corrosives, skin sensitisers and skin irritants, speak to them to find out if they have existing medical conditions such as eczema or psoriasis.

If a case of work-related skin disease has been reported for the activity, then employees that carry out the same tasks may require skin health surveillance. Information on reported cases may be received through Occupational Health, staff absence information or People Services, ensuring no unauthorised confidential information is disclosed. If a member of staff reports changes to the condition of their skin as a result of work activities, they should be referred to Occupational Health for assessment.

Corrosives, Skin Sensitisers or Skin Irritants



4.5 Chemical Hazard – Respiratory Sensitisers/Asthmagens or Respiratory Irritants

Employees may require health surveillance in the form of respiratory screening if they have regular exposure to respiratory sensitisers or respiratory irritants, either used as part of the activity/task or generated from it. To determine what substances employees are exposed to and the exposure levels, check and refer to COSHH risk assessments, SDS and occupational hygiene monitoring results, as applicable for your department. Look for hazard statements that include:

H334: May cause allergy or asthma symptoms or breathing difficulties if inhaled.

H335: May cause respiratory irritation.

Respiratory sensitisers/asthmagens and irritants can include; flour dust, isocyanates, wood dust, welding fumes, gases such as nitrogen oxides and sulphur dioxides.

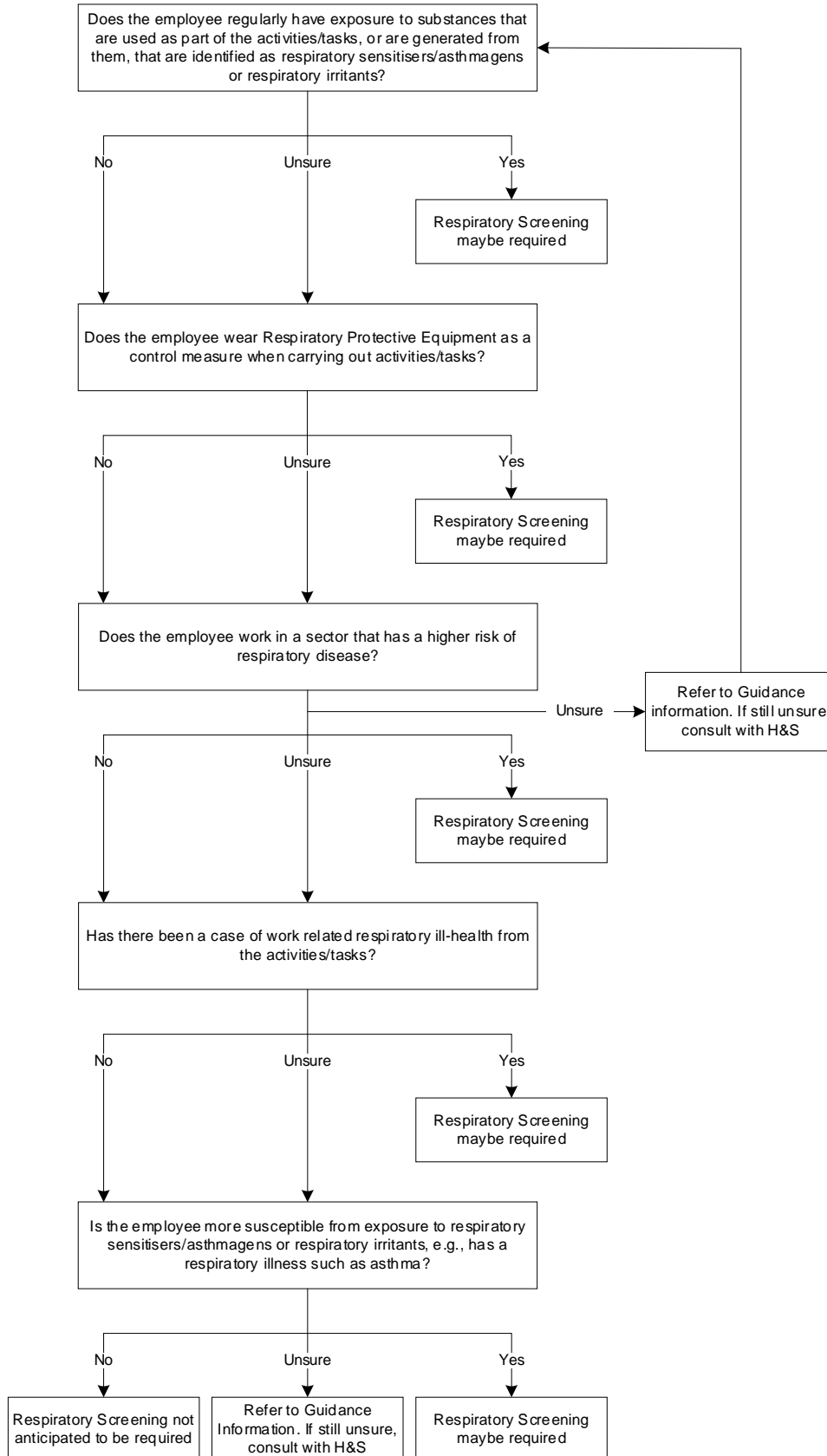
If employees routinely wear respiratory protective equipment as part of their required PPE for the task, then respiratory screening may be required.

Occupations with a known higher incidence of work-related respiratory ill-health include paint spraying, bakery workers, welders, construction work and agricultural workers.

If you are unsure if your employee(s) are at personal risk from exposure to respiratory sensitisers and respiratory irritants, speak to them to find out if they have existing medical conditions such as eczema or psoriasis.

If a case of work-related respiratory ill-health has been reported for the activity, then members of staff that carry out the same tasks may require respiratory screening, and may also be required for those working in the adjacent area. Information on reported cases may be received through Occupational Health, staff absence information or People Services, ensuring no unauthorised confidential information is disclosed. If a member of staff reports changes to the condition of their respiratory system as a result of work activities, they should be referred to Occupational Health for assessment.

Respiratory Sensitisers/Asthmagens or Respiratory Irritants



4.6 Chemical Hazard – Carcinogens

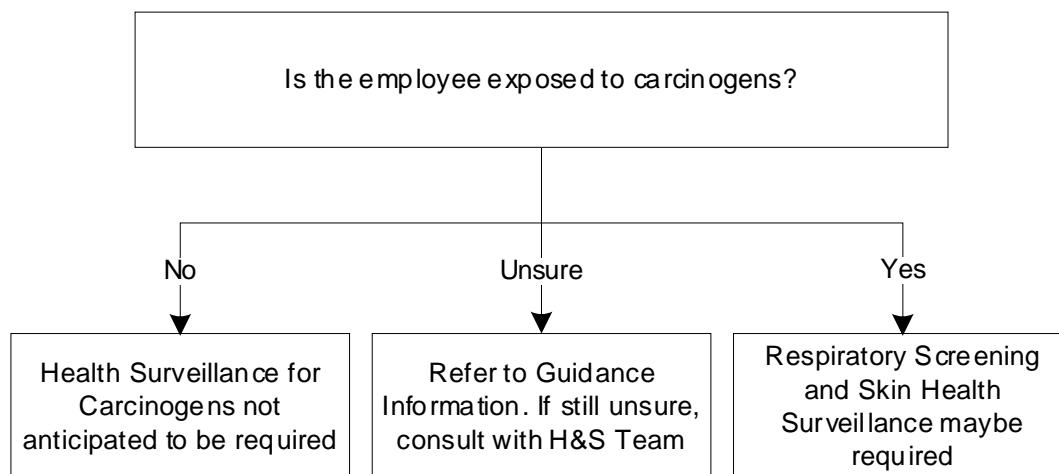
Employees may require health surveillance in the form of respiratory screening and skin health surveillance if they have regular exposure to carcinogens, either used as part of the activity/task or generated from it. To determine what substances employees are exposed to and the exposure levels, check and refer to COSHH risk assessments, SDS and occupational hygiene monitoring results, as applicable for your department. Look for hazard statements that include:

H350: May cause cancer.

H351: Suspected to causing cancer.

Carcinogens can include; acetaldehyde, butane, formaldehyde, ionising radiation, hardwood dusts and steel welding fumes.

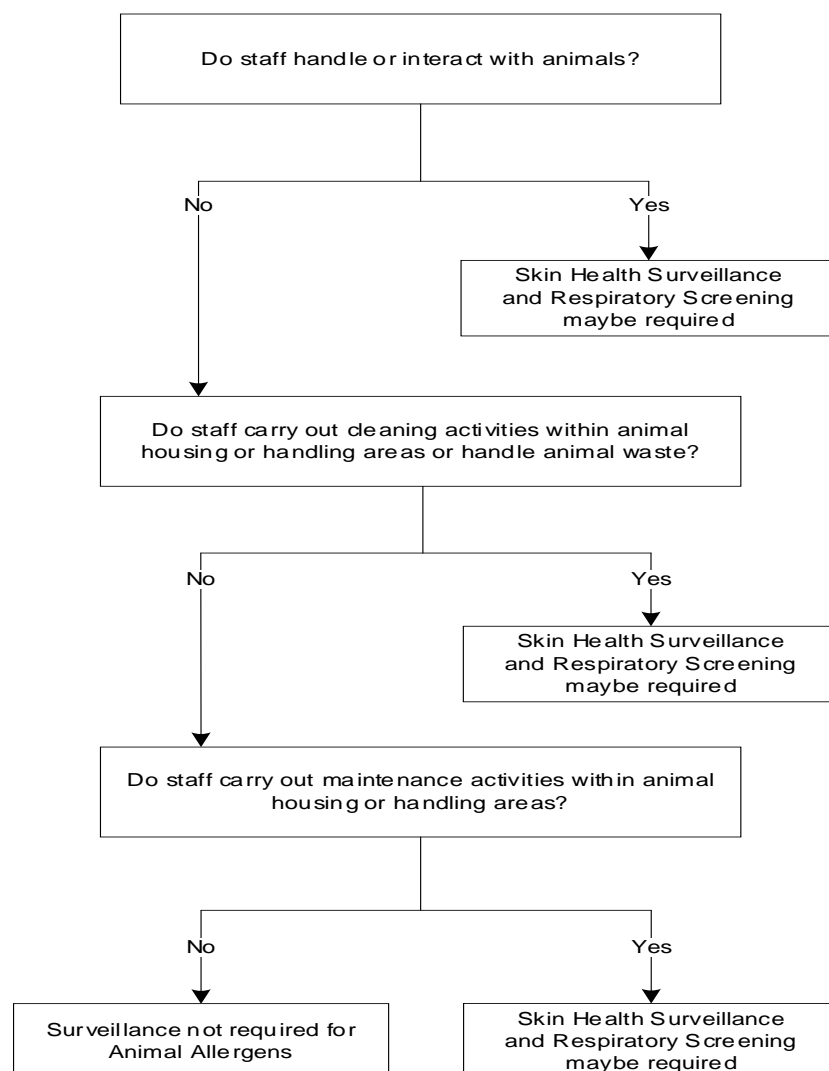
Carcinogens



4.7 Biological Hazard – Animal Allergens

Exposure to animal allergens can cause the development of an allergic hypersensitivity response. People who work with laboratory animals or handle animal allergen, such as animal fur, hair, saliva, urine, droppings, or serum, may experience allergy symptoms or symptoms of asthma. If an employee handles animals, interacts with them or carries out activities that involve contact with animal allergens then skin health surveillance and respiratory screening may be required.

Animal Allergens



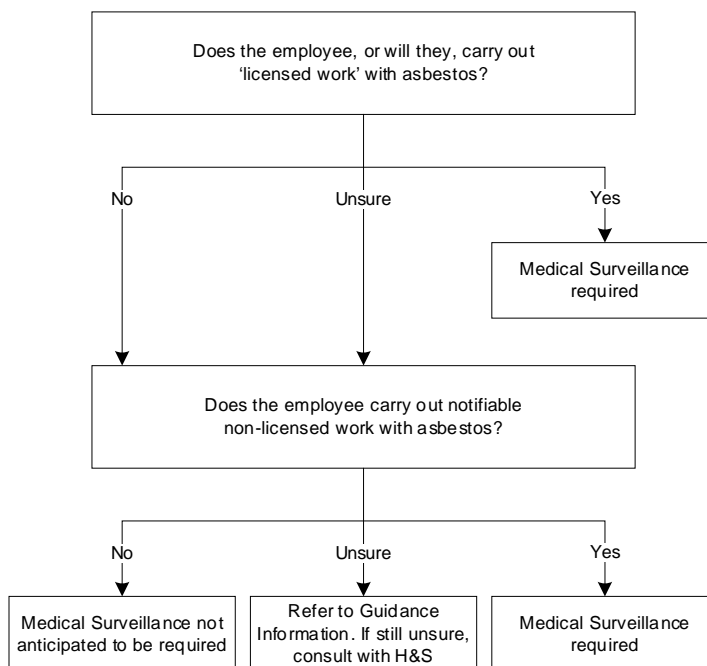
4.8 Medical Surveillance – Asbestos

Medical surveillance is required in specific circumstances when working with asbestos. Licensed work is higher risk and includes work with the most dangerous forms of asbestos where asbestos fibres can be most readily released into the air. Examples include removing sprayed coatings, removal of pipe lagging or work that may disturb it, loose fill insulation works work on asbestos millboard, cleaning significant quantities of loose/fine debris containing asbestos dust or any other asbestos related work that indicates that the work activity is not of short duration.

Notifiable non-licensed work may include the removal of asbestos insulating board as part of a refurbishment project, minor short duration work to repair asbestos pipe insulation, large scale removal of textured decorative coatings using steaming methods or removal of asbestos cement products where the material is, or will be, substantially damaged or broken up.

If you are unsure, consult with Health and Safety (University Health and Safety Advisor or Local H&S Advisor/Co-ordinator) or your site responsible person or duty holder for asbestos, if known.

Asbestos



4.9 Medical Surveillance – Lead

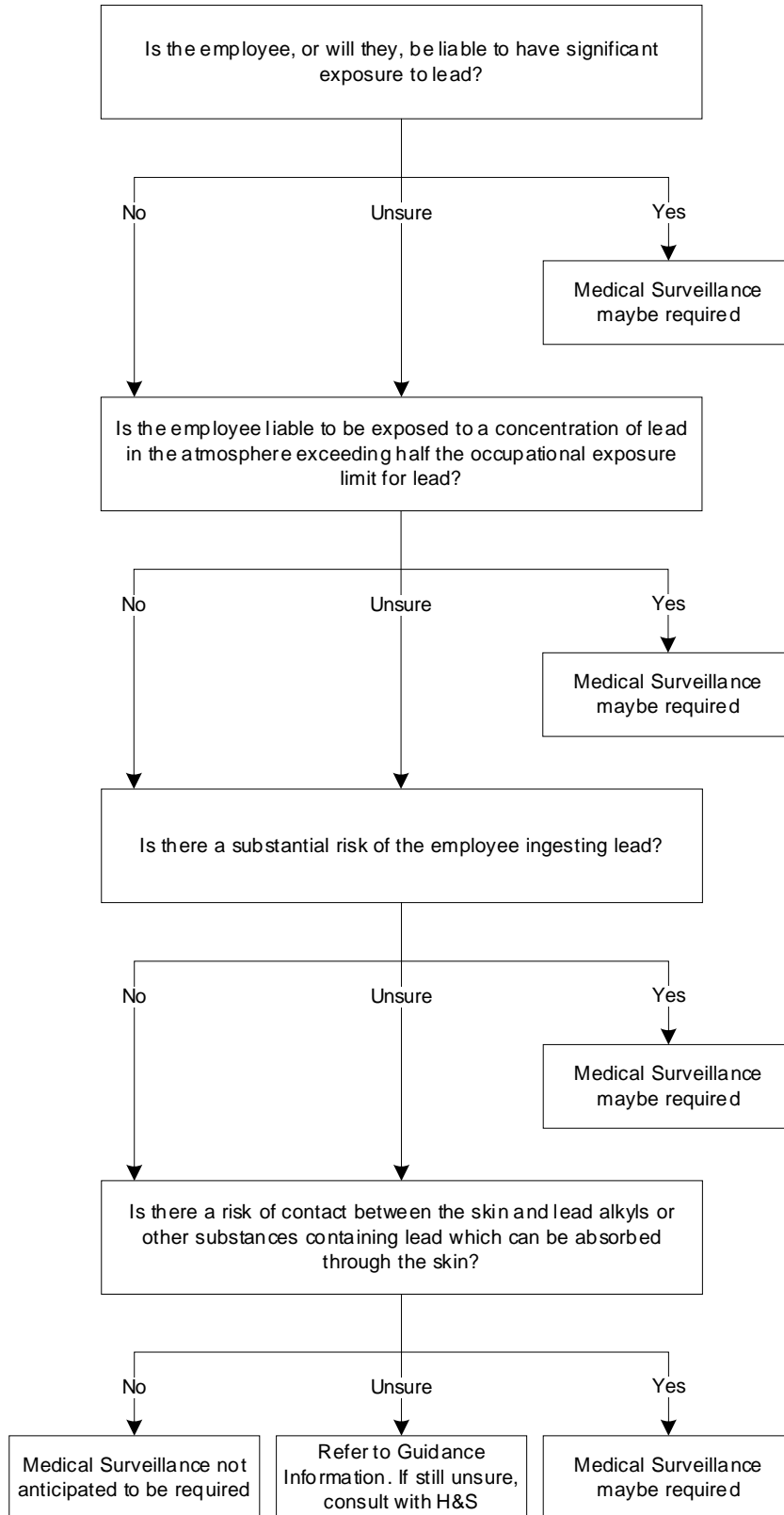
Medical surveillance is required in certain circumstances when working with lead. Employees are most at risk from exposure to lead if the work produces lead dust, fume, or vapour. Activities can include burning of old lead paint, stripping of old lead paint from doors, windows etc., scrap-processing activities, lead-acid battery manufacturing, working with metallic lead and alloys containing lead such as soldering, manufacturing and using pigments, colours and ceramic glazes and the recycling of any materials containing lead.

Lead can be absorbed into the body by breathing in lead dust, fume, or vapour, or from swallowing lead such as eating, drinking, smoking, or biting nails without washing the hands or face or contamination from work surfaces and clothing. Lead can be absorbed through the skin in the form of lead alkyls and lead naphthenate.

To determine if employees are exposed to lead and the exposure levels, check and refer to COSHH risk assessments, SDS, risk assessments and occupational hygiene monitoring results, as applicable for your department. The occupational exposure limit for lead in the atmosphere is 0.15mg/m³.

If you are still unsure if your employee(s) require medical surveillance for lead, consult with Health and Safety (University Health and Safety Advisor or Local H&S Advisor/Co-ordinator).

Lead



4.10 Medical Surveillance – Ionising Radiation

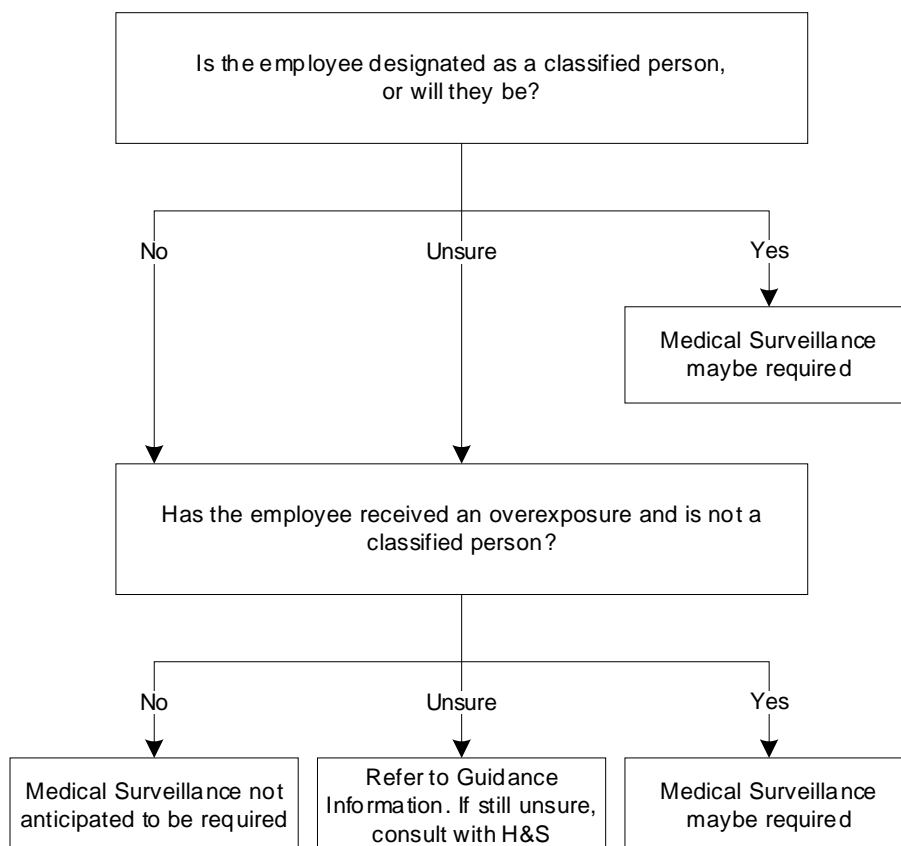
Medical surveillance is required in specific circumstances when working with ionising radiation, including when an employee is designated as a classified person. A classified person is an employee who is likely to receive:

- An effective dose greater than 6mSv per year or;
- An equivalent dose greater than 15mSv per year for the lens of the eye or;
- A dose greater than 150mSv per year for the skin or the extremities (hands, forearms, feet, or ankles).

Employees will also require medical surveillance if they receive an overexposure and are not designated as a classified person.

To determine if employees are exposed to ionising radiation and the exposure levels, check and refer to risk assessments and exposure monitoring results, as applicable for your department.

Ionising Radiation



Appendix 1

The Control of Substances Hazardous to Health Regulations 2002 (as amended)

Schedule 6

Substances for which medical surveillance is appropriate	Process
Vinyl chloride monomer (VCM).	In manufacture, production, reclamation, storage, discharge, transport, use or polymerisation.
Nitro or amino derivatives of phenol and of benzene or its homologues.	In the manufacture of nitro or amino derivatives of phenol and of benzene or its homologues and the making of explosives with the use of any of these substances.
Potassium or sodium chromate or dichromate.	In manufacture.
Ortho-tolidine and its salts. Dianisidine and its salts. Dichlorobenzidine and its salts.	In manufacture, formation, or use of these substances.
Auramine. Magenta.	In manufacture.
Carbon disulphide. Disulphur dichloride. Benzene, including benzol. Carbon tetrachloride. Trichlorethylene.	Processes in which these substances are used, or given off as vapour, in the manufacture of india rubber or of articles or goods made wholly or partially of india rubber.
Pitch.	In manufacture of blocks of fuel consisting of coal, coal dust, coke, or slurry with pitch as a binding substance.