14 Health Surveillance and Health Monitoring

Contents

Introduction

1. This chapter provides guidance on the management of Occupational Health Surveillance (HS) and Occupational Health Monitoring (HM). Both HS and HM are led by Occupational Medical professionals (in industrial medicine (at work) or public medicine (control of disease and preventative medicine)). The links with occupational health and safety are concerned with the effects to the long-term health of the individual from their work and workplace; and the effects that their health may have on their work, sometimes linked to chronic conditions or exposure to substances or industrial practices harmful to humans (see also JSP 418). Health surveillance and health monitoring are medical services that offer tools to identify work-related disease or ill health to help minimise the effects to help the management of the health risks. The connection between cause and effect of work-related ill health is not always obvious; it can often take some time for symptoms to develop. For some personnel, a health issue will affect their ability to work or the type of work they can do. In other cases, the work itself may have the potential to affect a person's health.

2. The majority of MOD civilians in the UK will receive their Occupational Health (OH) from the OH service provider via DBS People Services, according to their role. In some cases, civilian personnel may receive some OH services from military establishment and its medical facilities if they are based on those establishments and necessary arrangements are in place.

3. Service personnel will receive their OH nursing and occupational medicine support from military establishment medical centres. The arrangements for Service personnel to access OH services are contained in Single and Joint Service instructions and publications.

4. Wherever these services are available to civilian or military personnel, it is incumbent on those service providers and local management to ensure there are effective arrangements in place to deliver adequate support, adequate record keeping and information exchange across disciplines, underpinned by legal duties of care as well as forming part of employment terms and conditions.

5. HS is legally required for personnel with significant risk of exposure to certain hazards associated with a work activity[1] e.g. asbestos, lead, noise or vibration, diving, working in compressed air atmosphere, welding, ionising radiation and some solvents, fumes, dusts, biological agents and other substances hazardous to health which are linked with a known health condition. HS shall form part of the hierarchy of risk controls and mitigations in risk management. HS can also be used as a long-term investigative tool to help identify failures in control measures as it provides early signs of disease or ill health that once identified, can target other risk controls. HS is a system of on-going health checks important for:

a. providing data to help evaluate health risks, including cross referencing medical findings with accident, incident and environmental incident reports;

b. enabling employees to raise concerns about how their health is or may be affected by their work; and

c. highlighting lapses in workplace controls and giving feedback to risk assessments.

6. HS should not be confused with health promotion or general health checks, it is not the same as a broad health check-up with a Senior Medical Officer (SMO) or General Practitioner (GP).

7. HM is an informal system used where the health effects from work activities are not specific to a work activity e.g. lower back pain that may be common in the general population through non-work events. Other issues where an individual's health status may affect others e.g. epilepsy in safety critical roles[2], skin conditions in food handlers, etc. may be managed using health monitoring. It should be supported by information and training and encouraging personnel to report effects or symptoms early using self-assessment tools and / or reporting systems. In practice and delivery this service is very similar to HS. HS and / or HM are not to be confused with general health promotions or well-being initiatives.

Roles and Responsibilities

Commanding Officer (CO) / Head of Establishment (HoE)

8. The CO / HoE is to assure themselves that all activities on their unit or establishment that require HS or HM have been identified and that suitable and appropriate HS / HM programmes for new and existing staff are developed and implemented. Where services through the OH Service Provider (Defence Primary Healthcare (DPHC) / civilian OH contractor) are not available, CO / HoE must source and fund suitable equivalent services to provide the required HS / HM.

9. The CO / HoE must assure themselves that OH services are available and suitable information, instruction and training is available to ensure that all Defence

[1] environmental, biological, radiological, chemical and physical hazards.
[2] a role where the failure of the individual may cause serious injury or death to human beings e.g. monitoring a plant room control system.

personnel are aware of the services available and how to access OH services on their unit or establishment.

Manager

10. The manager should be aware of the work activities undertaken by their personnel and whether they require HS or HM arrangements (this should be identified by risk assessment). The manager should also be aware that their personnel may be unwilling to admit even to themselves that they may have health problems that may affect their work because of fears about their job security or the stigma attached to certain types of illnesses. OH services can be used as a positive means to keep personnel in work as well as helping to identify underlying trends and ill health patterns. If the manager is unsure whether the work activities require HS / HM, they shall seek further advice from either their local health and safety adviser, medical services or from their TLB safety organisation.

11. Legislation requires that HS / HM must be implemented when:

a. there is use of PPE / RPE by welders, wood workers;

b. there is people working with COSHH / REACH respiratory sensitisers (isocyanates), carcinogens, working with asbestos or lead, including biological or virologic hazards;

c. exposed to ionising radiation, noise and vibration etc, or

d. otherwise identified by risk assessment for the work activities being undertaken the risk control requires HS / HM must be introduced.

12. It is advisable to establish a baseline upon which further exposure or surveillance results can be evaluated. Regular follow ups will be required by an OH practitioner at intervals specified either by regulation or the professional judgement of that practitioner. HS and HM has two levels of assessment, described as follows:

a. Level 1 - Self-Assessment - This is carried out by personnel on themselves using a self-assessment questionnaire (e.g. whole-body vibration, manual handling, stress). Adverse HS / HM findings must be sent to the local Senior Medical Officer (for Service personnel) or to DBS-People Services, for referral to the OH provider (for civilian staff); and

b. Level 2 – Targeted Assessment - If the self-assessment questionnaire identifies any adverse findings or where provision of HS is a legal requirement (e.g. occupational noise, Hand Arm Vibration, COSHH). The HS / HM Targeted Assessment may involve more detailed questionnaires, medical examinations and specimen testing etc. depending upon the particular health hazard identified. The individual shall be provided with the results of HS / HM in a format that they can understand and that is suitable for forwarding to their SMO / GP. The results of any tests must[3] be provided to the individual and fully explained, particularly if any employment restrictions are recommended.

[3] Medical duty of disclosure

Personnel shall tell their manager the results of any assessment in general terms and are not required to reveal clinical or medical details. The manager shall receive a MOD form 5051 as confirmation that the assessment has been completed.

13. Self-assessments on their own are not sufficient compliance where provision of HS is a legal requirement; a Level 2 assessment is also required.

14. There are also legal requirements for some personnel (Service and civilian) employed in specific roles to have regular and / or age-related medical examinations which may incorporate some elements of HS or HM; e.g. Defence Rail and Container Services (in safety critical tasks); MOD Police, Drivers (LGV / PCV) and Workers at Heights (>15 metres).

15. In addition to the legal requirements, managers need to be aware that HS / HM may be required where for example:

a. working patterns significantly exceed an 8-hour working day and / or 40 hour working week;

b. proven events of work-related illness or ill health occur;

c. absenteeism is ascribed to work; or

d. there has been a failure of control measures (e.g. accidental exposure to chemical or biological agents).

16. These medicals should be accessed through the normal occupational health routes for Service and civilian personnel.

17. The manager should promote the use of OH as a way of helping to ensure a safe and healthy workplace for their staff. The manager should familiarise themselves with how to access OH services (DPHC for Service provision or via People Services for civilians) and:

a. what service is appropriate for their personnel;

b. how to order the service when required; and

c. how to act on the advice received.

18. The OH service provider will communicate to the manager whether the personnel referred to is fit for work or not and what, if any, work restrictions should apply. The OH service provider will not disclose any medically confidential information to the manager without the prior written consent from the individual concerned.

19. Where the data collected shows that work could be affecting the health of personnel, this data shall be discussed with personnel at an early stage so that options for improvements can be evaluated. The manager may involve local Trade Union Safety Representatives / Representative of Employee Safety at any stage and

they are entitled to see anonymised HS and HM data. Any restrictions on employment or engagement in an activity that exposes personnel to an increased health risk should be enforced by the manager.

20. Managers of civilian personnel should, as a result of the risk assessment HS or HM ensure that this recorded onto HRMS for the individual concerned. Once recorded on HRMS, managers will be automatically provided with a reminder two months prior to the expiry of their staffs' occupational health surveillance or monitoring. An offline process is available for those without access to HRMS. Guidance on this process can be found on the People Pages under Occupational Health Advice.

21. Managers of Service personnel should refer the individual to their local DPHC facility who will record on Defence Medical Information Capability Programme (DMICP) that HS has been delivered. Although all Service personnel undergo regular HS in the form of audio-logical testing (audiograms), these may need to be enhanced where an industrial injury or disease is identified. There is no reminder facility on DMICP and so either the manager shall set up a reminder, or the local medical provider shall set it up. The individual should also be encouraged to set up their own personal reminder.

22. Any HS or HM examinations shall be provided free of charge to the individual (some examinations and tests may be charged to the TLB) and should, where possible, be carried out during working time. Managers shall also ensure that personnel are:

a. consulted and given opportunity to comment;

b. provided with information on the results of their own test or examination in an easily understood format; and

c. informed of the significance of any other monitoring e.g. tests for airborne particles or solvents, and be informed about:

(1) the purpose of HS and HM, and their duty to attend;

(2) the nature and degree of risks to health arising from exposure;

(3) the control measures that have been adopted, and why;

(4) the reasons for using any type of personal protective equipment (PPE / RPE) and clothing, such as respirators or gloves;

(5) results of any surveillance / monitoring of workplace hazards and or routines.

23. Where HS or HM examinations are carried out on MOD premises suitable facilities shall be made available; this will include a clean, warm room that is well ventilated; having a wash basin; and provision for privacy. There should also be a suitable separate waiting area.

24. The manager must record and retain locally all Level 1 non-medical HS and HM records; All Level 2 Medical HS and HM records will be retained by the OH practitioner (e.g. DPHC for Service personnel or the OH service provider for civilians).

All Personnel

25. All personnel have individual responsibilities in the workplace to keep themselves and others safe. Where managers have identified that HS or HM is appropriate for the work being undertaken, the purpose of the HS or HM should be explained to them by their manager. Personnel are individually responsible for attending any appointment with the OH service provider for HS or HM. This appointment shall be free of charge to personnel, depending on the appointment it may not always be possible for it to be held at their workplace. Personnel are required to comply with any requirements for delivery of HS or HM. Personnel should be provided with a copy of the results of any test or examination including results of any other monitoring e.g. tests for airborne particles or solvents. Any results from these assessments should be discussed with the manager.

26. All personnel identified as working with a health hazard are responsible for completing a Level 1 self-assessment and reporting any ill health or other symptoms that they think may be related to the work they are conducting; or as a result of an exposure resulting from failed control measures. Self-assessment could include:

a. visually checking for redness, flaking and / or cracking of the skin;

b. muscular and / or skeletal pain;

c. nausea;

d. headaches; and

e. tingling of the extremities e.g. fingers.

27. It is important if personnel suspect that they are being exposed to hazards which could harm their health and / or develop any symptoms which may be work-related and they are not receiving any HS or HM, they should discuss the matter with their manager and request that any relevant risk assessments are re-evaluated and appropriate action taken as a result.

Retention of Records

28. Records of Level 1 HS and HM provision (MOD Form 5051 can be used for this purpose) must be retained locally for three years and retained in archive for 60 years from the date of last entry because there is often a long period between exposure and onset of ill health.

29. Level 2 HS and HM records are retained by the OH service provider. When the contracted service provider changes, the records held by the previous contractor must be returned to the MOD and retained in accordance with JSP 375, Volume 1,

Chapter 39 (Retention of Records). It is good practice to offer personnel a copy of their health record when they leave employment.

30. Individual, up-to-date health records must be kept for each employee placed under health surveillance. These should include details about the employee and the health surveillance procedures relating to them. Employee details should include:

a. surname;

b. forename(s);

c. gender;

d. date of birth;

e. permanent address, including post code;

f. National Insurance number; and

g. date present employment started.

31. Recorded details of each HS or HM check should include:

a. the reason for the HS or HM;

b. the date they were carried out and by whom;

c. the outcome of the check; and

d. the decision made by OH in terms of fitness for task and any restrictions required. This should be factual and only relate to the employee's functional ability and fitness for specific work, with any advised restrictions.

32. The record should be kept in a format that it can be linked with other information (e.g. with any workplace exposure measurements). If you are collecting an historical record of jobs or tasks completed during current employment, involving exposure to identified substances requiring health surveillance it is useful to store them with this record. This information may be necessary to defend against future claims.

Related Documents

33. The following documents should be consulted in conjunction with this chapter:

a. JSP 375 Volume 1;

(1) Chapter 08 – Health and Safety Risk Assessment;

(2) Chapter 10 – Manual Handling;

(3) Chapter 11 – Control of Substances Hazardous to Health;

(4) Chapter 19 – Young Persons;

(5) Chapter 20 – New and Expectant Mothers;

(6) Chapter 25 – Noise at Work;

(7) Chapter 26 – Vibration;

(8) Chapter 36 – Asbestos; and

(9) Chapter 39 – Retention of Records.

b. Other MOD Publications;

(1) ESTC Standard No. 6;

(2) DSA01.1 – Defence Policy for Health, Safety and Environmental Protection;

(3) DSA01.2 Chapter 2 – Requirement for Safety and Environmental Management Systems in Defence;

(4) DSA01.2 Chapter 4 – Risk Management in Health, Safety & Environmental Protection;

(5) DSA02-DMSR – Defence Medical Services Regulations;

(6) DBS People Services – Policy Rules and Guidance document "Occupational Health Advice and Support"

(7) OH Assist Occupational Health User Guide;

(8) DBS People Services – Health Wellbeing and Sickness – Occupational Health Advice – User Guidance – Managing Health Surveillance Assessments on HRMS;

(9) DBS People Services "How to" guides for Attendance Management;

(10) DBS People Services Health and Wellbeing Strategy;

(11) DBS People Services Health and Wellbeing support and assistance;

(12) Brd 1750 – Handbook of Naval Medical Fitness;

(13) AP 1269A – RAF Manual of Medical Fitness; and

(14) JSP 950 – Medical Policy.

c. Legislation and Other Guidance;

(1) Management of Health and Safety at Work Regulations;

(2) Control of Substances Hazardous to Health Regulations;

(3) Control of Asbestos Regulations;

(4) Work in Compressed Air Regulations;

(5) Diving Operations at Work Regulations;

(6) Food Hygiene Regulations;

(7) Ionizing Radiation Regulations;

(8) Ionizing Radiation (Medical Exposure) Regulations;

(9) Control of Lead at Work Regulations;

(10) Working Time (Amendment) Regulations;

(11) Control of Noise at Work Regulations;

(12) Merchant Shipping and Fishing Vessels (Control of Noise at Work) Regulations;

(13) Control of Vibration at Work Regulations;

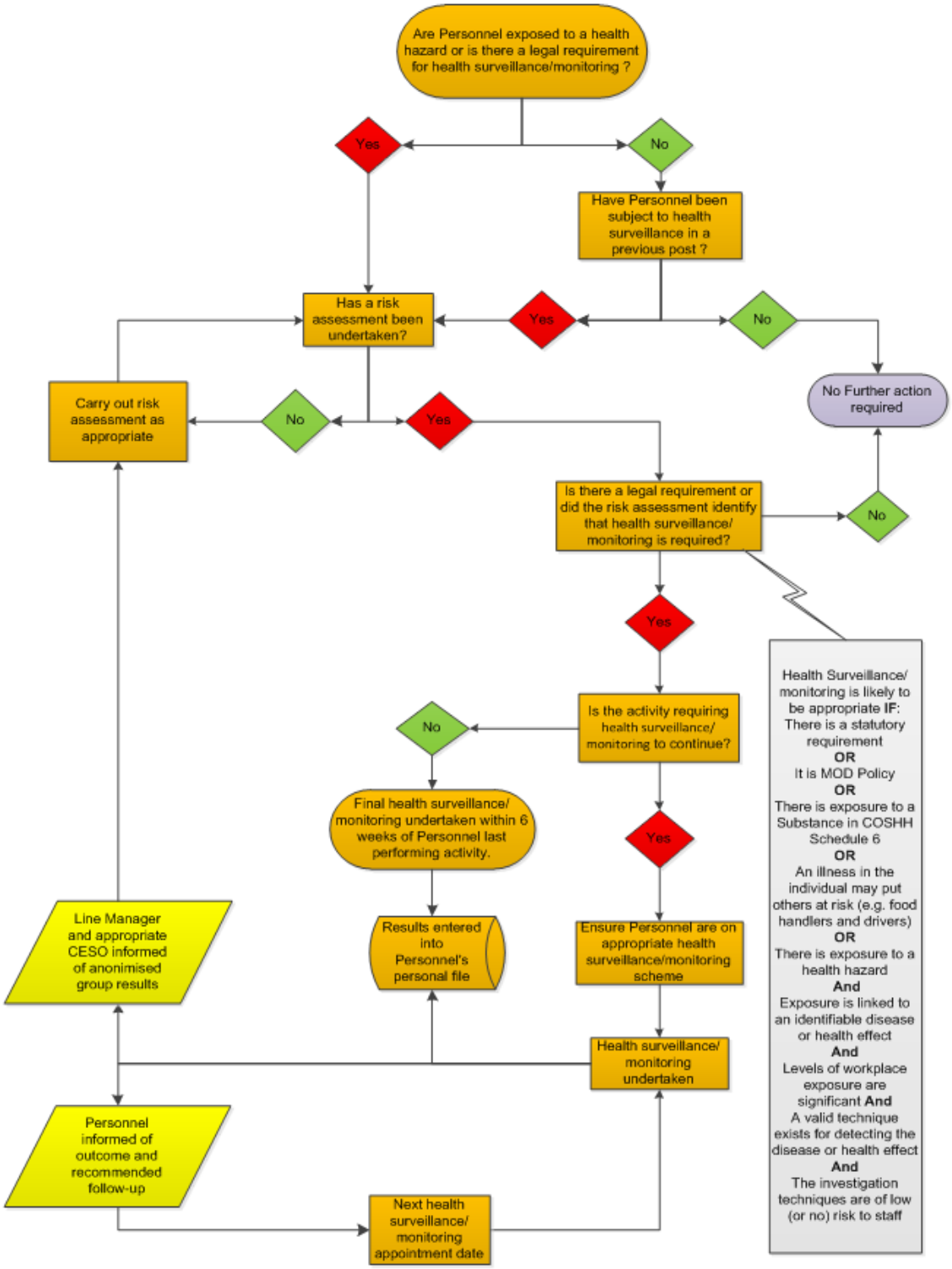
(14) Road Traffic Act and Motor Vehicles (Driving Licenses) Regulations;

(15) HSE – Understanding Health Surveillance at Work website ;

(16) HSE – COSHH Health Surveillance;

(17) HSE – HSG 256 – Managing Shift Work and Guidance.

Flow Chart


Are Personnel exposed to a health hazard or is there a legal requirement for health surveillance/monitoring ?
Yes
No
Have Personnel been subject to health surveillance in a previous post ?
Has a risk assessment been undertaken?
Yes
No
No Further action required
Carry out risk assessment as appropriate
No
Yes
Is there a legal requirement or did the risk assessment identify that health surveillance/ monitoring is required?
No
Yes
Health Surveillance/ monitoring is likely to be appropriate IF:
There is a statutory requirement
OR
It is MOD Policy
OR
There is exposure to a Substance in COSHH Schedule 6
OR
An illness in the individual may put others at risk (e.g. food handlers and drivers)
OR
There is exposure to a health hazard
And
Exposure is linked to an identifiable disease or health effect
And
Levels of workplace exposure are significant And
A valid technique exists for detecting the disease or health effect
And
The investigation techniques are of low (or no) risk to staff
Is the activity requiring health surveillance/ monitoring to continue?
No
Yes
Final health surveillance/ monitoring undertaken within 6 weeks of Personnel last performing activity.
Results entered into Personnel's personal file
Ensure Personnel are on appropriate health surveillance/monitoring scheme
Health surveillance/ monitoring undertaken
Line Manager and appropriate CESO informed of anonimised group results
Personnel informed of outcome and recommended follow-up
Next health surveillance/ monitoring appointment date