14 Health surveillance and health monitoring

This chapter is split into two parts:

Part 1: Directive. This part provides the direction that **must** be followed to help you comply with (keep to) health and safety law, Defence policy and Government policy.

Part 2: Guidance. This part provides the guidance and good practice that **should** be followed and will help you to keep to this policy.

Contents

Amendment record

This chapter has been reviewed by the Directorate of Defence Safety (DDS) together with relevant subject matter experts and key safety stakeholders. Any suggestions for amendments **should** be sent to COO-DDS-GroupMailbox@mod.gov.uk.

Version No	Date of publication	Text Affected	Authority
1.2	Oct 2022	Interim update post-handover of policy from DSA to D HS&EP.	Dir HSEP
1.3	21 Mar 2024	Review, update and release of two-part structure.	DDS

Terms and definitions

The following table sets out definitions of some of the terms used in this chapter. General safety terms and definitions are provided in the Master Glossary of Safety Terms and Definitions, which can also be accessed on the Gov.UK website.

Accountable Person	The person whose terms of reference state that they are responsible for making sure there are suitable and sufficient systems in place to control health and safety risks in their unit, estate (site) or platform. This term is used in place of CO, HoE, OC, Station Commander and so on, or as decreed by the Defence organisations.
Appointed doctor	An appointed doctor is a registered medical practitioner appointed by the Health and Safety Executive (HSE) to undertake certain statutory Medical Surveillance.
Commander	A military person responsible for planning activities, supervising activities, and making sure that personnel under their area of responsibility are safe. This term refers to a role rather than the rank of Commander, and it can be a permanent or temporary role (for example, lasting for the duration of a training exercise). In parts of Defence this person could be referred to as a 'responsible person'.
Competent person	A person who has the training, skills, experience, and knowledge necessary to perform a task safely, and is able to apply them. Other factors, such as attitude and physical ability, can also affect someone's competence. See www.hse.gov.uk/competence/what-is-competence.htm for information on competence.
Health Monitoring	Monitoring the health of workers where the effects from an activity or exposure at work are suspected of causing ill health effects, but the association has yet to be fully established.
Health Surveillance	Health Surveillance is a systematic process of repeated health checks which are used for identifying ill health or diseases caused by work and for gaining an overview of the health status of the personnel conducting the work. In some cases, it can be used to make sure personnel with pre-existing health conditions can work safely.
Medical Record	Medical records are kept as 'medical in confidence' by the occupational health professional responsible for conducting the Health Surveillance or Health Monitoring. They may include confidential clinical notes, test results and more general information about a workers' health.
Medical Surveillance	Where Medical Surveillance is required, you must use a competent occupational health doctor appointed by HSE, called an 'appointed doctor.'

Manager	A person responsible for managing or supervising staff, planning activities and making sure that personnel under their area of responsibility are safe. This could be a permanent or temporary role, and in parts of Defence this person could be referred to as a 'line manager', a 'responsible person' or a 'delivery manager'.
Occupational health professional	Normally a doctor or nurse who is qualified in occupational health matters or who has undergone specific training, for example, a nurse administering a hearing test.
Personal Health Record	A record of the outcome of Health Surveillance and / or Health Monitoring. A health record does not contain any 'medical in confidence' information.

Must and should

Where this chapter says '**must**', this means that the action is a compulsory requirement.

Where this chapter says '**should**', this means that the action is not a compulsory requirement but is considered good practice.

Scope

The policy contained within this chapter:

a. applies to all those employed by Defence (military and civilian) including those under the age of 18 (for example recruits and apprentices);

b. applies to all those working on behalf of, or under the supervision of Defence (for example, contractors or visitors);

c. applies to all Defence activities carried out in any location (UK or overseas) and at all times of the year; and

d. is not written for young persons in the cadet forces, Defence-run schools, nurseries and so on; those organisations **must** maintain their own safety policies and governance and **must** provide statutory compliant infrastructure and appropriate safe systems of work. They may use material from this chapter as a reference point, but where appropriate their respective policies **should** be adapted to meet the needs of young persons and to follow any applicable Department for Education guidelines or legislation.

Assurance

The application of the policy contained within this Chapter **must** be assured (that is, its use **must** be guaranteed). As part of their overall assurance activity, the commander, manager, or accountable person (AP) **must** make sure that this policy is followed and put into practice effectively. Assurance **must** be carried out in accordance with JSP 815 (Defence Safety Management System) Volume 2, Element 12 – Assurance.

Alternative acceptable means of compliance

This policy is mandatory across Defence and the only acceptable means of compliance (AMC) is attained by following the directive set out in this chapter. However, there may be circumstances where a small number of military units may be permanently unable to comply with (keep to) parts of the policy. In such circumstances an alternative AMC is set out in the JSP 375 Directive and Guidance.

Part 1: Directive

Introduction

1. This chapter provides Defence policy and guidance on the management of occupational Health Surveillance (HS) and occupational Health Monitoring (HM) in relation to work activities.

2. The Health and Safety at Work etc. Act 1974 requires the employer to make sure, so far as is reasonably practicable, that the health, safety and welfare at work of all their employees is maintained. Therefore, accountable persons (APs), commanders and managers **must** use all appropriate and practical controls to maintain the health of the personnel under their area of responsibility. .

3. The connection between cause and effect of work-related ill health is not always obvious as it can often take some time for symptoms to develop. For some personnel, a pre-existing health condition may 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, particularly when personnel remain exposed to health risks after safety controls have been put in place. This is because safety control measures may not always be reliable or effective, despite appropriate checking, training and maintenance.

4. HS is a systematic process of repeated health checks which are used for identifying ill health or diseases caused by work and for gaining an overview of the health status of the personnel conducting the work. In some cases, it can be used to make sure personnel with pre-existing health conditions can work safely.

5. HS can help control risks by:

   a. providing data to help evaluate health risks, including cross referencing medical findings with accident, incident and environmental incident occurrence 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. The responsibility for making sure HS is conducted, where necessary, lies with the employer and is managed by the commander or manager responsible for the personnel undertaking the work activity. When conducting HS, a competent person **must** be used to collect, analyse and interpret the data. HSE guidance identifies that HS can be undertaken by an occupational health professional, occupational health technician or responsible persons administering an appropriate questionnaire remotely. In Defence, the collection of HS data can be conducted by an occupational health professional, Medical Assistants (MA) or a suitably competent responsible person. Analysis and interpretation of the data requires the expertise of an occupational health professional if concerns are raised by the person collecting the data. Cross Defence specialist advice and guidance can be obtained from the following Points of Contact (POC):

Speciality	POC	Comment
Hand Arm Vibration Syndrome	Specialist Occupational Health (OH) Dept Regional Occupational Health Team (ROHT), Regional Occupational Medical Departments (ROMD), Royal Navy Occupational Health Service (RNOHS)	Referral via Medical Officer (MO)
Respiratory	Specialist OH Dept ROHT, ROMD, RNOHS	Referral via MO
Skin	Specialist OH Dept ROHT, ROMD, RNOHS	Referral via MO
Noise	Specialist OH Dept ROHT, ROMD, RNOHS	Referral via MO Note MO support via Institute of Naval Medicine (INM) and Defence Audiology Service (DAS).
Aviation	Occupational Medicine (OM) Aviation Medicine	RN - Hd AvMed(RN) or INM Army - SO1 Avn Medicine (JHG) or CA Avn Medicine (HQ AAC) RAF, CFAOS and tS Policy - Command Flight Medical Officer (RAF CAM)
Under Water Medicine	INM & Underwater and Aviation Medicine Department (UAMD)	INM-UMD@mod.gov.uk.
Radiation Medicine	INM & UAMD	INM-UMD@mod.gov.uk.

7. Certain regulations listed below make mandatory provision for Medical Surveillance (MS) where there could be exposure to certain high hazard substances or agents such as asbestos, lead and ionising radiation. MS requirements are predominately the same as HS requirements, but a doctor appointed by the HSE **must** conduct the MS.

8. HM is an informal system used where the health effects from work activities are not specific to a work activity, for example, lower back pain that may be common in the general population through non-work events. Other issues where a person's health status may affect others, for example, epilepsy in safety critical roles and so on, may require HM.

9. Other types of HM that can be used are biological monitoring and biological effect monitoring. Biological monitoring is the measurement of a chemical or its breakdown products in a biological sample (usually urine or blood) to indicate how much chemical has entered the body by all routes of exposure. For example, measurement of lead in blood of workers exposed to lead dust. Biological effect monitoring is the measurement of biological effects resulting from absorption of chemicals. For example, measurement of protein in urine of workers exposed to cadmium to check their kidney function. An occupational health professional will be able to advise if biological monitoring or biological effect monitoring is required.

10. When conducting HS or HM, a competent person **must** be used to collect, analyse and interpret the data. Providing a commander or manager is competent and able to recognise and assess the health symptoms and conditions associated with the hazard, it might be appropriate for them to manage the collection of HS data using self-assessment questionnaires or HM data by conducting regular health checks.

11. In cases where the commander or manager is not competent to collect the HS or HM data, a competent person, such as an occupational health professional, **must** be used. If the commander or manager is to collect the HS or HM data, they **should** seek advice from an occupational health professional beforehand to make sure it is conducted correctly.

12. HS or HM **should** not be confused with health promotion or general health checks, as they are not the same as a broad health check-up with a Senior Medical Officer or General Practitioner.

13. Employers have a general duty under the Health and Safety at Work etc. Act 1974 (legislation.gov.uk) to maintain safe working arrangements for their employees. There is a further duty on employers under the Management of Health and Safety at Work Regulations 1999 which states; Every employer shall ensure that his employees are provided with such health surveillance as is appropriate having regard to the risks to their health and safety which are identified by the assessment.

14. The principles of this legislation are extended worldwide by the Secretary of State for Defence's policy statement on health, safety and environmental protection.

15. The non-exhaustive list below identifies relevant legislation which makes provision for MS or HS:

The Control of Asbestos Regulations 2012

The Work in Compressed Air Regulations 1996

The Ionising Radiations Regulations 2017

The Control of Lead at Work Regulations 2002

The Control of Substances Hazardous to Health Regulations 2002

The Control of Noise at Work Regulations 2005

The Control of Vibration at Work Regulations 2005

Policy statements

16. Defence has established the following policy statements to provide direction on the managing of personnel, military and civilian, who may require HS or HM, which **must** be followed:

a. **Policy Statement 1.** Accountable persons **must** make sure that suitable occupational Health Surveillance and Health Monitoring guidance and advice, and where appropriate Health Surveillance and Health Monitoring services, are available to commanders, managers and personnel.

b. **Policy Statement 2.** Commanders and managers **must** identify, through risk assessment and consultation, the work activities and the personnel that require Health Surveillance or Health Monitoring.

c. **Policy Statement 3.** Where Health Surveillance or Health Monitoring is required, commanders, managers and accountable persons **must** make sure that an effective Health Surveillance or Health Monitoring service is developed, implemented and maintained.

d. **Policy Statement 4.** Commanders and managers **must** consult and communicate with all personnel who are subject to Health Surveillance or Health Monitoring, to make sure there is an effective exchange of information regarding the work being done and that appropriate safety control measures have been put in place.

e. **Policy Statement 5.** Personnel **must** comply with the procedures and the safety control measures that have been put in place to protect their health and safety. Personnel **must** inform their commander or manager if they identify or suspect any ill health symptoms or conditions that might be caused by their work or that could affect their ability to conduct their work safely.

f. **Policy Statement 6.** Commanders and managers **must** make sure that Personal Health Records for personnel who are placed under Health Surveillance or Health Monitoring are maintained, accessible and retained for the period specified in the relevant legislation.

Policy Statement 1

Accountable persons **must** make sure that suitable occupational Health Surveillance and Health Monitoring guidance and advice, and where appropriate Health Surveillance and Health Monitoring services, are available to commanders, managers and personnel.

17. Military personnel will receive their occupational health services and advice from Defence Primary Healthcare (DPHC) and Military Command occupational health services. The arrangements for military personnel to access occupational health services are contained in Single and Joint Service instructions and publications such as JSP 950 Medical Policy Leaflet 6-7-7.

18. The majority of Defence civilians in the UK will receive their occupational health services and advice from the occupational health service provider via DBS People Services. In some cases, civilian personnel may receive some occupational health services or advice from military establishments, or units and its medical facilities if they are based on those establishments or units and necessary arrangements are in place.

19. Where services or advice through medical centres or the DBS occupational health contract is not available, APs **must** source and fund suitable competent, equivalent services to provide the required HS or HM.

20. Any HS or HM examinations **must** be provided free of charge to the person and where possible be carried out during working time.

Policy Statement 2

Commanders and managers **must** identify, through risk assessment and consultation, the work activities and the personnel that require Health Surveillance or Health Monitoring.

21. The identification and risk assessment of work activities that might require HS or HM is the responsibility of commanders and managers. The person conducting the risk assessment **must** be competent to do so, therefore they may require the assistance of an occupational health professional and / or a health and safety or specialist adviser.

22. Commanders and managers **must** identify hazards and the risks that may arise and decide whether reasonably practicable safety control measures have been put in place to manage them. This **must** be done by carrying out a suitable and sufficient risk assessment in accordance with JSP 375 Vol 1 Chapter 8 Safety Risk Assessment and Safe Systems of Work.

23. Commanders and managers **must** consult with their personnel to identify hazards, risks and any work that may require HS or HM and identify any health concerns personnel may have which might have a connection with their work. Commanders and managers **must** also consult and discuss with personnel any pre-existing health or medical conditions that personnel may wish to disclose that might be relevant to the risk assessment process. For example, personnel with Reynaud's disease or carpel tunnel syndrome are at increased risk for Hand Arm Vibration Syndrome or personnel who have pre-existing lumbar spine disease may be additionally susceptible to Whole Body Vibration and so on. Self-assessment can be an effective way of getting such information. If self-assessment is to be conducted, MOD Form 5053 - Self-Assessment (Health Surveillance (HS) or Health Monitoring (HM)) **must** be used, where appropriate.

24. Where safety improvements are identified, either through inspection, communication with those conducting the activity, changes to legislation or policy, changes in available equipment, technologies or following an accident or incident, commanders and managers **must** review and update their risk assessment safety control measures at the earliest opportunity.

Policy Statement 3

Where Health Surveillance or Health Monitoring is required, commanders, managers and accountable persons **must** make sure that an effective Health Surveillance or Health Monitoring service is developed, implemented and maintained.

25. Whilst APs **must** make sure HS or HM guidance, advice and services are available; it is the commanders and managers who **must** make sure these services are correctly used. Commanders and managers **must** therefore:

a. inform persons if HS or HM is required;

b. consult with those persons and seek their agreement before implementing HS or HM and where necessary referral to the appropriate service provider;

c. where HS or HM is identified as a requirement, make sure it is put in place, maintained and reviewed on a regular basis;

d. seek occupational medical and health and safety advice, as required, to make sure HS or HM arrangements are adequate;

e. not expose personnel to a hazard if advised not to by the service provider or an occupational health professional;

f. consult with personnel on a regular basis to make sure work is being conducted safely and any concerns are addressed;

g. use feedback from HS or HM to improve working practices; and

h. maintain accurate records of HS or HM findings.

26. HS and HM **must** be supported by appropriate information, instruction and training. For example, personnel may require information on the health effects associated with working in a noisy environment, the effects of vibration on the body and so on. Where necessary, specialist occupational health advice and guidance **must** be sought.

27. Some regulations require MS to be conducted where there could be exposure to certain high hazard substances or agents. This includes work with asbestos, lead, ionising radiation, compressed air and some substances identified in the Control of Substances Hazardous to Health Regulations (COSHH) is similar to HS but a doctor appointed by the HSE **must** conduct the MS; further information can be found on the HSE website. Advice from the relevant occupational health service provider or health and safety adviser **should** be sought if required.

Policy Statement 4

Commanders and managers **must** consult and communicate with all personnel who are subject to Health Surveillance or Health Monitoring, to make sure there is an effective exchange of information regarding the work being done and that appropriate safety control measures have been put in place.

28. HS and HM only work effectively with the co-operation of those who are exposed to the hazards. Therefore, commanders and managers **must** make sure they regularly engage with their personnel to:

a. inform them of the findings of the HS and / or HM being conducted;

b. inform them of any changes in the safety controls that are being used;

c. deliver initial and reinforcing training and education; and

d. provide them with an opportunity to discuss any health issues they may have or any concerns with the work or its safety controls.

29. Before conducting HS or HM or referring a person to an occupational health service provider, the commander or manager **must** inform the person of the intended action and seek their agreement to continue.

Policy Statement 5

Personnel **must** comply with the procedures and the safety control measures that have been put in place to protect their health and safety. Personnel **must** inform their commander or manager if they identify or suspect any ill health symptoms or conditions that might be caused by their work or that could affect their ability to conduct their work safely.

30. All personnel **must** comply with the safety control measures put in place following a risk assessment. Personnel **must**:

a. take reasonable care for their own health and safety and that of anyone else who might be affected by their acts or omissions;

b. co-operate with their APs, commanders and managers as necessary to allow compliance with statutory and policy requirements;

c. make sure they report any accidents, incidents or ill-health to their commander or manager in accordance with their parent establishment, unit or platform and Defence safety occurrence reporting procedures;

d. inform their AP, commander or manager of any health, safety or welfare concerns without delay; and

e. not deliberately or recklessly interfere with, or misuse, anything provided in the interests of health, safety and welfare.

31. If personnel refuse to participate with the requirements of HS or HM, they **must** be removed from the work activity until such time as they engage with the HS or HM requirements or alternative work or ways of working, which do not require HS or HM, are put in place. Where personnel identify that they cannot follow the safety control measures, they **must** not start work and contact their commander or manager for advice and guidance.

Policy Statement 6

Commanders and managers **must** make sure that Personal Health Records for personnel who are placed under Health Surveillance or Health Monitoring are maintained, accessible and retained for the period specified in the relevant legislation.

32. MOD Form 5051- Personal Health Record (Health Surveillance (HS) or Health Monitoring (HM)) **must** be used as a record of the outcome of HS or HM. Commanders and managers **must** keep them for all personnel who are subject to HS or HM. Records **must** be retained in accordance with the relevant Defence organisation arrangements, this chapter and JSP 375 Vol 1 Chap 39.

33. Personal Health Records **must** contain the specific hazards personnel are exposed to (for example, hexavalent chromate dust not 'paint dust'), the type of HS or HM conducted and what actions have been taken. Personal Health Records **must** not contain 'medical in confidence' information unless the person's written consent has been provided.

34. If commanders or managers are unsure if information is 'Medical in confidence' then they **must** seek guidance from their Medical, Legal or Health and Safety Advisers. The NHS Code of Practice for Confidentiality provides further guidance.

35. Subject to reasonable notice being given, commanders and managers **must** allow personnel access to their Personal Health Record.

36. A health record is not the same as a medical record as it does not hold any 'medical in confidence' information. Medical records may include confidential clinical notes, test results and more general information about a persons' health. Medical records **must** be kept as 'medical in confidence' by the person responsible for conducting the HS or HM.

Part 2: Guidance

This part provides the guidance and good practice that **should** be followed using the Plan, Do, Check, Act approach and will help you to keep to this policy.

PLAN – identify problems and opportunities

Policy Statement 1. Accountable persons **must** make sure that suitable occupational Health Surveillance and Health Monitoring guidance and advice, and where appropriate Health Surveillance and Health Monitoring services, are available to commanders, managers and personnel.

1. The flow diagram at Annex A shows the procedure that **should** be used for identifying the need for HS or HM and accessing appropriate services and support.

2. Military personnel **should** receive their occupational health services and advice from DPHC and Military Command occupational health services. The arrangements for military personnel to access occupational health services are contained in Single and Joint Service instructions and publications such as JSP 950 Vol 6 Medical Policy Leaflet 6-7-7

3. Most Defence civilians receive their occupational health services and advice from the DBS People Services occupational health service provider (Optima Health). In order to use the Optima Health services, commanders and managers of civilian personnel **should** register with Optima Health and create an account by using the online Optima Health portal and 'Register New Account'. The full range of occupational services provided by Optima Health, including HS and occupational advice, can be found on the Optima Health website.

4. For both military and civilian personnel, the occupational health service provider **must** inform the commander or manager whether the person who has been referred to them is fit for work or not and what, if any, work restrictions **should** apply. The occupational health service provider will not disclose any medically confidential information to the commander or manager without the prior written consent from the person concerned.

DO – implement potential solutions

Policy Statement 2. Commanders and managers **must** identify, through risk assessment and consultation, the work activities and the personnel that require Health Surveillance or Health Monitoring.

5. A risk assessment considers the likelihood of an event happening and the severity of any potential harm. It is about evaluating potential risks in the workplace and taking suitable and sufficient measures to control them.

6. 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 may affect their ability to work or restrict the type of work they can do. In other cases, the work itself may have the potential to affect a person's health. Therefore, it is important that those connections are identified and understood during the risk assessment process.

7. Self-assessment can be used in the initial stages of the risk assessment process to clearly identify hazards and the extent of personal exposure. Self-assessment **should** subsequently be conducted on a regular basis, as identified in the risk assessment, to check compliance with the safety control measures and identify areas where greater safety control is needed.

8. HS and HM can help assess the effectiveness of control measures used to manage the ill effects of some work activities. However, commanders and managers are required, in accordance with JSP 375 Vol 1 Chapter 8 Safety risk assessment and safe systems of work, to follow the hierarchy of risk controls for all risk management:

a. Elimination.

b. Substitution.

c. Engineering controls.

d. Administrative controls.

e. Personal protective equipment.

9. It is important that when conducting a risk assessment, that personnel who are carrying out the work activity are consulted. This helps identify hazards and their risks and also allows personnel to raise any concerns they may have regarding their health or the safety controls being put in place. These concerns may be related to the hazards presented by the work activity or concerns personnel may have about their ability to safely conduct a work activity due to any ill health conditions.

10. The risk assessment will identify when HS or HM is required based on:

a. the type of hazard presented by the work activity;

b. the level of exposure to that hazard;

c. the potential impact a person's ill health may have on the safety of the work activity and the circumstances under which the work activity is being conducted, for example, lone working; and so on.

11. HS is a legal requirement in specific circumstances when there is still some residual risk to personnel despite the safety control measures that have been put in place. The following non-exhaustive list identifies hazards that may require HS to be implemented:

a. noise;

b. vibration (Hand Arm Vibration);

c. asbestos;

d. lead;

e. ionising radiation;

f. working in compressed air; and

g. substances hazardous to health, such as welding or paint spraying.

12. HS or HM can also be used to identify the effectiveness of the control measures employed to manage occupational diseases and highlight those who have the potential for the relevant occupational disease, such as:

a. chronic obstructive pulmonary disease;

b. occupational asthma;

c. occupational dermatitis;

d. silicosis; and so on.

13. Other issues that can indicate whether HS or HM might be appropriate include:

a. previous cases of work-related ill health;

b. reliance on personal protective equipment (PPE) as an exposure control measure;

c. evidence of reported ill health;

d. information from compensation claims, manufacturer's data and industry guidance; and so on.

Policy Statement 3. Where Health Surveillance or Health Monitoring is required, commanders, managers and accountable persons **must** make sure that an effective Health Surveillance or Health Monitoring service is developed, implemented and maintained.

14. Feedback from HS or HM **should** include advice on the person's fitness for task with the relevant exposure(s) and when further HS or HM is required. Commanders and managers **must** not expose personnel to a hazard if advised not to by the service provider or an occupational health professional. If personnel are not fit for a task, commanders and managers can assign personnel to alternative work or change the ways of working so that the advice provided can be implemented. Commanders and managers are to record 'action taken' in the person's Personal Health Record.

15. HM can be conducted by a commander or manager, providing they are competent to do so and able to recognise and assess the symptoms associated with the hazard. For example, regular checks of engineers' hands for signs of dryness, redness, cracking and so on, can help identify where additional safety controls are needed. Before commanders or managers conduct the HM, they **should** seek advice from their occupational health service provider or health and safety adviser.

16. Where possible, commanders and managers **should** review feedback from HS and HM for groups of similarly exposed personnel, or those involved in similar tasks. This can help provide a clearer view of how effective the controls are for each source of health risk. When doing this, groups of personnel **should** be big enough to protect a person's anonymity and prevent disclosure of confidential medical information.

CHECK – assess the results

Policy Statement 4. Commanders and managers **must** consult and communicate with all personnel who are subject to Health Surveillance or Health Monitoring, to make sure there is an effective exchange of information regarding the work being done and that appropriate safety control measures have been put in place**.**

17. Consultation can help to increase the commitment of personnel to HS, HM and their compliance with the safety control measures. If personnel are told why HS or HM is being conducted and told how they can help control risks by raising any concerns they may have, personnel are more likely to see the benefits of compliance.

18. Commanders and managers **should** make sure personnel understand:

a. the safety controls that have been put in place and the requirements for HS or HM;

b. why HS and HM are important and what they are used for;

c. what will happen if ill health is identified;

d. they can attend HS or HM appointments during work time;

e. what their own duties are (for example they **must** attend appointments); and

f. what action may be taken if they refuse to attend appointments.

19. Regular routine contact with commanders and managers **should** help to maintain effective means of reporting any concerns personnel may have. Therefore, commanders and managers **should** make sure they can be contacted at the earliest opportunity when safety concerns are identified.

Policy Statement 5. Personnel **must** comply with the procedures and the safety control measures that have been put in place to protect their health and safety. Personnel **must** inform their commander or manager if they identify or suspect any ill health symptoms or conditions that might be caused by their work or that could affect their ability to conduct their work safely.

20. Failure to comply with HS or HM requirements is the same as refusing to participate in mandatory health and safety training or refusing to wear PPE and **should** be treated as a condition of service.

21. Personnel who know or believe their health is being affected by their work practices, **should** report directly to their commander or manager, any early effects or symptoms. In addition, personnel **should** report any ill health using their local occurrence reporting system.

22. If self-assessment is required, personnel **should** make sure they provide all necessary information in a clear and accurate format.

ACT – implement improved solutions

23. Where safety improvements are identified, either through inspection, communication with those conducting the activity, changes to legislation or policy, changes in available equipment, technologies or following an accident or incident, commanders and managers are required to review and update their risk assessment control measures at the earliest opportunity.

Policy Statement 6. Commanders and managers **must** make sure that Personal Health Records for personnel who are placed under Health Surveillance or Health Monitoring are maintained, accessible and retained for the period specified in the relevant legislation.

24. MOD Form 5051 Personal Health Record **must** be used to record 'non-medical in confidence' HS or HM information, including the outcome of HS or HM. Commanders and managers are responsible for making sure all personnel under their command or management, who have been identified as needing HS or HM, have an up-to-date Personal Health Record.

25. Commanders and managers with responsibility for military personnel who are receiving HS or HM **should** inform their Defence Primary Health Care facility that HS or HM is being conducted so that a record of the HS or HM can be recorded on the Defence Medical Information Capability Programme (DMICP).

26. Commanders and managers **should** offer personnel a copy of their Personal Health Record when they leave their employment.

Retention of records

27. Records, including risk assessments and Personal Health Records, **must** be retained in accordance with JSP 375, Volume 1, Chapter 39 (Retention of records).

28. JSP 375, Volume 1, Chapter 39 Annex A identifies the following:

a. General HS and HM records **must** be retained for a minimum of 60 years from the date of the last entry.

b. Risk assessments associated with hazards, such as asbestos or noise and so on, that might take many years to become evident, **must** be retained for a minimum of 60 years.

Related documents

29. The following documents are related to this chapter:

a. **JSP 375, Volume 1;**

(1) Chapter 8 – Safety risk assessment and safe systems of work;

(2) Chapter 10 – Manual Handling;

(3) Chapter 11 – Management of hazardous substances;

(4) Chapter 17 – Stress in the workplace;

(5) Chapter 25 – Noise at work;

(6) Chapter 26 – Vibration at work;

(7) Chapter 27 – Preventing falls and falling objects;

(8) Chapter 34 – 4C system: management of visiting workers and contractors;

(9) Chapter 36 – Asbestos;

(10) Chapter 39 – Retention of records;

(11) Chapter 41 – Heat illness prevention; and

(12) Chapter 42 – Cold injury prevention

b. **Other Defence Publications;**

(1) JSP 815 – Defence Safety Management System;

(2) JSP 950 – Medical Policy, Vol 6;

(3) Service Personnel Policy – Service Conditions documents; and

(4) Policy, Rules & Guidance documents (civilian personnel).

c. **Legislation and Guidance;**

(1) Health and Safety at Work etc. Act 1974 :

(2) Management of Health and Safety at Work Regulations 1999;

(3) The Control of Asbestos Regulations 2012 ;

(4) The Work in Compressed Air Regulations 1996 ;

(5) The Ionising Radiations Regulations 2017 ;

(6) The Control of Lead at Work Regulations 2002 ;

(7) The Control of Noise at Work Regulations 2005 ;

(8) The Control of Vibration at Work Regulations 2005 ;

(9) The Control of Substances Hazardous to Health Regulations 2002 ;

(10) The REACH etc. (Amendment) Regulations 2021.

d. **Forms**

(1) MOD Form 5051 Personal Health Record (Health Surveillance (HS) or Health Monitoring (HM)).

(2) MOD Form 5053 Self-Assessment (Health Surveillance (HS) or Health Monitoring (HM)).

Health Surveillance and Health Monitoring Process