



*Please Note: This policy is currently under review.*

# Health and Safety at Work – Medical Surveillance

This procedural document supersedes: CORP/HSFS 2 v.4 – Health and Safety at Work – Medical Surveillance.



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Name and title of author/reviewer: (this version)	Helen Houghton- Health and Wellbeing Lead
Date revised:	November 2016
Approved by: (Committee/Group)	Health and Safety Committee
Date of approval:	14 March 2017

Date issued:	30 March 2017
Next review date:	November 2019 – <b>extended to November 2021</b>
Target audience:	Trust-wide

### Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 5	30 March 2017	<ul style="list-style-type: none"> <li>• Item 5.2- manager to report to Datix added</li> <li>• Item 6.2 must be reported to Datix added and telephone number removed.</li> <li>• Item 7- risk manager for support removed.</li> <li>• Item 9- associated policies updated</li> </ul>	Helen Houghton
Version 4	January 2011	<ul style="list-style-type: none"> <li>• Added Definitions, Equality Impact Assessment, Duties &amp; Responsibilities, Training and Support, Monitoring Compliance, and Associated Trust Procedural Documents.</li> <li>• Item 6.1 – TB Surveillance – Added examples of high risk areas</li> <li>• Item 6.2 - Blood and body fluid exposure - Added Needlestick Hotline</li> <li>• Item 6.4 - Asbestos – Wording changed</li> <li>• Item 6.7 - Exposure to Noise – Paragraph updated</li> <li>• Display Screen Equipment Users – section removed</li> </ul>	Debbie O’Toole  Mary Stephenson  Debbie O’Toole
Version 3	July 2007	<ul style="list-style-type: none"> <li>• References updated</li> <li>• Minor changes made to wording</li> </ul>	Debbie O’Toole

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## 1. INTRODUCTION

Health surveillance is undertaken to protect the health of employees by detecting any adverse changes that may be caused by exposure to hazardous substances in the workplace.

Health surveillance may involve any of the following:

- a) enquiries about symptoms, and examination by an Occupational Health Nurse or Physician.
- b) clinical examination and measurement of physiological or psychological effects.
- c) biological monitoring, such as, the measurement of workplace agents or their metabolites in samples of breath, urine, or blood.

## 2. PURPOSE

The primary purpose of health surveillance is to detect adverse health effects at an early stage. It is also a useful means of checking the effectiveness of control measures, providing feedback on the accuracy of the risk assessment, and identifying and protecting individuals at increased risk because of the nature of their work.

## 3. DEFINITIONS

- 3.1 **COSHH** (Control of Substances Hazardous to Health) – Regulations that require employers to assess the risks from exposure to substances hazardous to health in the workplace.
- 3.2 **Hazardous substances** – chemicals, solvents, fumes, gases, vapours, dust, aerosols, micro-organisms, asbestos. Other hazards may include noise, hand/arm vibration, ionizing radiation

## 4. EQUALITY IMPACT ASSESSMENT

As part of its development, this Policy and its impact on equality have been reviewed in consultation with trade union and other employee representatives in line with the Trust's Equality Impact Policy CORP/EMP 27. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious or other belief. (see appendix 1).

## 5. DUTIES AND RESPONSIBILITIES

### 5.1 The Trust

To be assured that there are safe systems of work in place to comply with the relevant aspects of the Control of Substances Hazardous to Health legislation to protect the health of employees.

To ensure there are adequate resources to provide suitable personal protective equipment if required, training and information, competent personnel and up to date equipment to undertake health surveillance

### 5.2 The Manager

To ensure that members of staff are aware of and comply with all policies and procedures related to safety in the workplace, and that they receive the required level of training appropriate to their role. Training may need to be adapted to take into account any new or changed risks to the health and safety of their employees. It is the manager's responsibility to ensure all incidents to be reported to Datix in a timely manner.

To undertake risk assessments that will identify circumstances in which health surveillance is required by specific health and safety legislation.

To keep up to date health records for each individual employee placed under health surveillance for at least forty years.

### 5.3 Members of Staff

Have a duty to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work. They must use all work equipment safely as instructed.

To ensure that they comply with Trust policies and procedures and report any incidents or near misses to their manager.

Have a duty to attend for health surveillance procedures on the appointed date and time.

### 5.4 Occupational Health

To ensure that health surveillance is only undertaken by competent members of staff and identifies any significant trends to managers.

To undertake initial training in various health surveillance procedures and receive updated training as required.

## 6. HEALTH SURVEILLANCE PROCEDURES

### 6.1 TB Contact surveillance

Departmental or Ward managers should inform the Occupational Health Department if they have a patient who has open Pulmonary Tuberculosis. Occupational Health will send a memo reminding staff to report any symptoms of an unexplained cough lasting longer than 3 weeks, persistent fever, night sweats, or weight loss. Any staff reporting these symptoms will be assessed by the Consultant in Occupational Health and a Chest X-Ray may be recommended. Individuals who are unsure of their TB status are advised to contact Occupational Health.

Annual symptom reminders are sent out to staff working in high risk areas, e.g. Mortuary, Chest clinic, Physiotherapy, and Endoscopy.

### 6.2 Blood or body fluid exposure

Any sharps injuries, blood or body fluid splashes, bites, or scratches **MUST** be reported to Occupational Health and recorded on Datix as soon as possible.

Outside normal working hour's advice can be obtained from the Accident & Emergency departments at Doncaster and Bassetlaw, or the Minor Injuries Unit at Montagu Hospital (between 09.00 and 22.00). Advice and follow-up treatment will be initiated by the Occupational Health department as recommended by the Department of Health (2006)

### 6.3 Respiratory Irritants

Individuals who are in contact with known respiratory irritants, such as Aldehydes (Formaldehyde and Glutaraldehyde), Neofract, Pentamidine, and wood dust, will be given a pulmonary function test and questionnaire to complete at their pre-placement assessment or on commencement of work. Thereafter they will be reviewed annually. More frequent assessments may be undertaken as indicated by update of risk assessment.

### 6.4 Asbestos exposure

All incidents of accidental exposure to asbestos must be reported to Occupational Health for inclusion in the occupational health records. It is the manager's responsibility to ensure the exposure details are included in the employees' personnel file.

### 6.5 Night workers

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has defined the relevant period for night workers as from 22.00 - 06.00 hours. Anyone who

works on a rotational contract is identified as a night worker. To be eligible for health surveillance, staff must work between these hours either on a permanent or a rotational contract. Night workers should be identified by their manager and offered a health assessment annually.

## **6.6 Dermatitis and latex allergy**

Individuals who come into clinical contact with patients will be assessed for dermatitis or latex allergy risk at pre-placement health assessment. Anyone that develops a skin problem should contact the Occupational Health department for advice and assessment on an individual basis. An annual Glove Questionnaire must be completed by all staff who wear gloves. Link staff or managers will identify staff that have skin problems and refer them to Occupational Health.

## **6.7 Exposure to noise**

An Audiometric program should consist of a baseline audiogram conducted before employment where noise is identified as a hazard, followed by a schedule of audiometric testing to monitor hearing threshold levels following exposure to noise at work. It is essential therefore that the hazard is identified by the responsible manager at the pre placement stage. The audiogram will be repeated after one year in employment and then 3 yearly thereafter. Hearing tests will be offered to employees where a risk assessment indicates that there is a risk to their health through exposure to noise.

It is the manager's responsibility to provide a list of staff that are regularly exposed to high levels of noise to Occupational Health each year. Copies of environmental noise assessments should be shared with Occupational Health to ensure that adequate health surveillance is completed.

# **7. TRAINING/ SUPPORT**

This policy is accessible on the Trust Intranet. The following in-house health and safety courses are provided for staff; COSHH assessors, Risk assessors, Safety Management, and Safety Awareness. Additional or specific advice and support can be obtained from the Health & Safety Manager and Occupational Health department.

# **8. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT**

Occupational Health sends a reminder letter to managers when health surveillance is due. Managers have overall responsibility for ensuring that their employees are provided with adequate health surveillance, monitoring employee compliance, and for taking action if work-related health problems are identified.



## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) – PAT/PA 19  
 Privacy and Dignity Policy – PAT/PA 28  
 Health and Wellbeing Policy – CORP/EMP 31  
 Health and Safety Policy – CORP/HSFS 1  
 Risk Identification, Assessment and Management Policy – CORP/RISK 30  
 Control of Substances Hazardous to Health (COSHH) Guidance – CORP/HSFS 7  
 Asbestos Management Policy and Procedures – CORP/HSFS 10  
 Glove Use Policy – CORP/HSFS 13  
 Sharps Injuries Management and other blood or body fluid exposure incidents – PAT/IC 14

## 10. REFERENCES

Department of Health (2006) *Immunisation against Infectious Diseases*. London, HMSO.

Health & Safety Commission (1999) *Management of Health and Safety at Work Regulations* 1999. Sudbury, HSE Books.

Health & Safety Executive (2002) *Latex Allergies: The Law*.  
[www.hse.gov.uk/latex/lae.htm](http://www.hse.gov.uk/latex/lae.htm)

Health & Safety Executive (2005) *Control of Noise at Work Regulations*. London, TSO.

Health & Safety Executive (2005) (5<sup>th</sup> Ed) *Control of Substances Hazardous to Health*. London, TSO.

Joint Tuberculosis Committee of the British Thoracic Society (2000). Control and Prevention of Tuberculosis in the United Kingdom. Code of Practice 2000. *Thorax* 55, P 887-901.

NHS Employers (2005) *Management of Health, Safety and Welfare Issues for NHS Staff*. Leeds, Department of Health

National Institute for Health and Clinical Excellence (2006), *Clinical diagnosis and management of tuberculosis, and measures for its prevention and control*. (Ref CG 33)

## APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment																														
CORP/HSFS 2 v.5 – Health and Safety at Work – Medical Surveillance.	People & Organisational Development Health and Wellbeing	Helen Houghton	Existing	Nov 16																														
<b>1) Who is responsible for this policy?</b> Name of Care Group/Directorate: People and Organisational Development-Health and Wellbeing																																		
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Who is it intended to benefit? What are the intended outcomes? Intended to benefit the Trust as a whole, employees and managers. To provide standard and clear guidelines on health surveillance.																																		
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards: No																																		
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – NA																																		
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - NA																																		
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] -</li> </ul>																																		
<b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken] -NA																																		
<b>7) Are any of the following groups adversely affected by the policy? no</b>																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Protected Characteristics</th> <th style="width: 15%;">Affected?</th> <th style="width: 60%;">Impact</th> </tr> </thead> <tbody> <tr><td>a) Age</td><td>No</td><td></td></tr> <tr><td>b) Disability</td><td>No</td><td></td></tr> <tr><td>c) Gender</td><td>No</td><td></td></tr> <tr><td>d) Gender Reassignment</td><td>No</td><td></td></tr> <tr><td>e) Marriage/Civil Partnership</td><td>No</td><td></td></tr> <tr><td>f) Maternity/Pregnancy</td><td>No</td><td></td></tr> <tr><td>g) Race</td><td>No</td><td></td></tr> <tr><td>h) Religion/Belief</td><td>No</td><td></td></tr> <tr><td>i) Sexual Orientation</td><td>no</td><td></td></tr> </tbody> </table>					Protected Characteristics	Affected?	Impact	a) Age	No		b) Disability	No		c) Gender	No		d) Gender Reassignment	No		e) Marriage/Civil Partnership	No		f) Maternity/Pregnancy	No		g) Race	No		h) Religion/Belief	No		i) Sexual Orientation	no	
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<b>8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box</b>																																		
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>																															
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27																																		
<b>Date for next review:</b> Nov 2018																																		
<b>Checked by:</b> Helen Houghton			<b>Date:</b> November 2016																															