



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Health and Safety at Work

– Medical Surveillance

This procedural document supersedes: CORP/HSFS 2 v.6 – Health and Safety at Work – Medical Surveillance



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Director People & Organisational Development/Health and Wellbeing'
Author/reviewer: (this version)	Paula Hill – Clinical Lead/Manager for Occupational Health
Date written/revised:	December 2021
Approved by:	Health & Safety Committee
Date of approval:	December 2021
Date issued:	February 2023
Next review date:	December 2024
Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 6	December 2021	Please read the entire policy as there have been significant changes across the whole policy to reflect revised requirements and practices.	Paula Hill
Version 5	March 2017	<ul style="list-style-type: none"> • Items 5.2 – manager to report to Datix added • Item 6.2 must be reported to Datix added and telephone number removed • Item 7 – risk manager for support removed • Item 9 – associated policies updated 	Helen Houghton
Version 4	January 2011	<ul style="list-style-type: none"> • Added Definitions, Equality Impact Assessment, Duties & Responsibilities, Training and Support, Monitoring Compliance, and Associated Trust Procedural Documents. • Item 6.1 – TB Surveillance – Added examples of high-risk areas • Item 6.2 – Blood and body fluid exposure – Added Needlestick Hotline • Item 6.4 – Asbestos – Wording changed • Item 6.7 – Exposure to Noise – Paragraph updated • Display Screen Equipment Users – section removed 	Debbie O'toole Mary Stephenson
Version 3	July 2007	<ul style="list-style-type: none"> • References updated • Minor changes made to wording 	Debbie O'Toole

Contents

	Page No.
1 INTRODUCTION	4
2 PURPOSE	4
3 DUTIES AND RESPONSIBILITIES.....	5
3.1 The Trust	5
3.2 The Manager	5
3.2 Members of Staff	5
3.2 Occupational Health	6
4 HEALTH SURVEILLANCE PROCEDURES	6
4.1 TB Contact Surveillance	6
4.2 Blood or body fluid exposure	6
4.3 Respiratory Irritants	7
4.4 Asbestos exposure	7
4.5 Night workers	7
4.6 Dermatitis and latex allergy	7
4.7 Exposure to noise	8
5 TRAINING/SUPPORT	8
6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT	8
7 DEFINITIONS	9
8 EQUALITY IMPACT ASSESSMENT.....	9
9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS.....	9
10 DATA PROTECTION	10
11 REFERENCES	10
APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING	12

1 INTRODUCTION

Health surveillance is undertaken to protect the health of employees by detecting any adverse changes that may be caused when hazardous substances are used or created as a by-product in the workplace.

Health surveillance can be proactive or responsive and therefore may involve any of the following:

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

All managers and staff of the Trust are responsible for adhering to measures set out in his policy and any associated information and guidance.

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.

The Trust aims to secure the health and safety of its employees and others in so far as is reasonably practicable by:

- a) identifying and assessing risks that may, potentially, contribute to occupational ill health or exacerbate an existing health condition
- b) ensuring that, where hazardous products are used or created as a by-product, they are identified as having the lowest risk in order to ensure the health and wellbeing of staff
- c) providing suitable and sufficient proactive monitoring of staff with the potential for exposure to hazardous substances and conditions
- d) undertaking effective monitoring of staff members who have been exposed to materials with the potential to cause or contribute to occupational ill health
- e) providing suitable and sufficient training for staff involved in the health surveillance process
- f) advising existing employees and new employees of the risks to health, particularly physical issues that may arise through the use of hazardous materials or conditions.

3 DUTIES AND RESPONSIBILITIES

3.1 The Trust

To be assured that there are safe systems of work in place, across all of its functions, to comply with the relevant aspects of the Control of Substances Hazardous to Health legislation to protect the health of employees. This should include robust systems for staff/role identification as well as processes for risk assessment, screening and staff support.

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 all elements of health surveillance.

3.2 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 are 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.

3.2 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 and via the DATIX reporting system.

Have a duty to attend for health surveillance procedures on the appointed date and time and comply with any wider associated screening processes if required.

3.2 Occupational Health

To ensure that there is adequate resource, to enable all health surveillance to be undertaken by competent members of OH staff, relevant to the area of surveillance being undertaken.

To identify any concerns relating to significant trends to managers and the H&S team as appropriate.

To ensure all OH staff involved in the delivery of health surveillance, undertake initial training in relevant various procedures and receive updated training as required.

To ensure that all of the above is carried out in line with HSE guidance and SEQOHS accreditation standards.

To escalate to the H&S Committee and Director of P&OD, where any of the above is breached and surveillance cannot be provided as required.

4 HEALTH SURVEILLANCE PROCEDURES

4.1 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 and QuantiFERON Test may be recommended.

Surveillance would normally be provided for those staff who breach the NICE exposure guidance of more than 8 consecutive hours. Where the threshold for exposure is reduced, due to specific infection criteria. Staff outside of this group may also need to be screened.

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.

4.2 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 the Datix system 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). Staff working across the site whilst on placement (NHSP/Students) will still be supported by the Occupational Health Department and liaison with the employer will take place with their consent.

4.3 Respiratory Irritants

Individuals who are in contact with known respiratory irritants, such as Aldehydes (Formaldehyde and Glutaraldehyde), Neofract, Pentamidine, and wood dust, will be offered respiratory screening in the form of a questionnaire. This may be as part of their pre-placement assessment or on commencement of work. Thereafter they will be reviewed annually. More frequent assessments may be undertaken as indicated by an updated risk assessment.

If further screening is indicated by the questionnaire, then the staff member will be reviewed by an Occupational Health Nurse or Physician, who will determine what further screening is required.

Staff will only be offered a pulmonary function test if all other elements of screening are unable to provide the appropriate information required to rule out or diagnose occupational related disease.

4.4 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.

The H&S Advisor should also be informed of the exposure incident.

4.5 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 at the pre-placement screening stage and then offered a health assessment annually.

4.6 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.

Managers will identify staff that have skin problems and refer them to Occupational Health for assessment.

4.7 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 screening 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.

The H&S Advisor should also be informed of the exposure incident

5 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 Advisor and the Occupational Health Department.

Please note: The training requirements of staff will be identified through a learning needs analysis (LNA). Role specific education will be co-ordinated/ delivered by the topic lead. Alternatively, training may be accessed via an approved e-learning platform where available.

6 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.

7 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 **CoSHH assessment** – the process for identifying the level of risk associated with a product or substance.
- 3.3 **DATIX** – electronic incident and risk assessment tool accessed via the Trust intranet site (log in required to complete risk assessments).
- 3.4 **Hazardous substances and Bi-products** – chemicals, solvents, fumes, gases, vapor's, dust, aerosols, micro-organisms, asbestos. Other hazards may include noise, hand/arm vibration, ionizing radiation
- 3.5 **Health surveillance** – systematically watching out for early signs of work-related ill health in employees exposed to certain health risks.
- 3.6 **RIDDOR** – Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality Diversity and Inclusion Policy (CORP/EMP 59).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1)

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

TB Policy – PAT/IC 23 v6

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11 REFERENCES

Department of Health (2013 – last updated November 2021) *Immunisation against Infectious Diseases*. London, HMSO.

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

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

Health & Safety Executive (2002) *Latex Allergies: The Law*.

<https://www.hse.gov.uk/skin/employ/latex.htm>

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

<https://www.legislation.gov.uk/uksi/2005/1643/contents/made>

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

<https://www.hse.gov.uk/pubns/indg362.htm>

Health & Safety Executive (2005 revised 2013) (6th Ed) *Control of Substances Hazardous to Health – Approved code of practice*. London, TSO.

<https://www.hse.gov.uk/pubns/books/l5.htm>

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.

<https://pubmed.ncbi.nlm.nih.gov/11050256/>

National Institute for Health & Care Excellence (updated 2020) Tuberculosis services: staff vaccination and screening

[Overview | Tuberculosis | Guidance | NICE](#)

NHS Employers (2005 updated 2013) *Workplace Health & Safety Standards* Department of Health

<https://www.nhsemployers.org/sites/default/files/2021-08/workplace-health-safety-standards.pdf>

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	Paula Hill	Existing	December 2021
1) Who is responsible for this policy? Name of Care Group/Directorate: People and Organisational Development – Occupational Health				
2) Describe the purpose of the service / function / policy / project/ strategy? 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.				
3) Are there any associated objectives? Legislation, targets national expectation, standards: Yes HSE guidance on Health Surveillance - COSHH				
4) What factors contribute or detract from achieving intended outcomes? – Resources and robust processes				
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? Details: [see Equality Impact Assessment Guidance] - No				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] -N/A				
7) Are any of the following groups adversely affected by the policy? no				
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			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
Date for next review: December 2024				
Checked by: Paula Hill		Date: December 2021		