EURO ENVIRONMENTAL OCCUPATIONAL EXPOSURE
COMPLIANCE, PROTECTION, PEACE OF MIND

# **Guidance on Healthcare Surveillance;** monitoring regimes & legal requirements :

| | RELEVANT REGULATIONS | CONTROL | REQUIREMENTS | FREQUENCY |
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| Audiometry | CONTROL OF NOISE AT WORK REGULATIONS 2005 | Lower exposure action 80dB(A). | Where risk from noise exposure is indicated, Health Surveillance must be provided (Reg 9) and include information, instruction and training (Reg 10). | Baseline, 1 year, 3 yearly. |
| Audiometry | CONTROL OF NOISE AT WORK REGULATIONS 2005 | Upper exposure value 85dB(A). | Where risk from noise exposure is indicated, Health Surveillance must be provided (Reg 9) and include information, instruction and training (Reg 10). | Baseline, 6 months, 1 year, yearly for 2 years then 3 yearly. |
| SKIN | CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH | Skin surveillance program. | Skin surveillance is appropriate when there is a recognozed risk of Occupational Skin Disease as defined in COSHH 2002 Reg 11. This decision may be based on previous experience, Data Sheets or industry advice. | Yearly as part of Health Surveillance Programme. More frequently if Agents used determine requirement. |
| Respiratory Health Surveillance | CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH | Respiratory Health Surveillance program. | Respiratory Health Surveillance is required under COSHH, Reg 11 for employees who are exposed to known respiratory sensitizers. The purpose is to identify Occupational Asthma (OA) as early as possible. | Low level - where there is only suggestive evidence of a hazard - Baseline questionare and Spirometry with annual follow up. High Level - where there is strong evidence of a hazard and it is not possible to exclude a risk of sensitization - Newly exposed employees Questionaire + Spirometry followed 6 weeks and 12 weeks respectively, falling to annual thereafter in the absence of positive findings. |
| Vision | HS(G)6, Safety in Working with Lift Trucks | FLT Drivers surveillance. | Good eyesight is a requirement for FLT drivers and to ensure the employee meets the criteria for operating an FLT Clarity Healthcare undertake a vision test using a Keystone Vision Screener. | Pre - employment assessment followed 2 yearly to ensure fitness to drive. If a medical condition is declared which may impact on his ability to drive it may require more frequent assessment. |
| Vision | HEALTH AND SAFETY (Miscellaneous Amendments) Regulations 2002. | Display screen equipment users sreening. | Employee's are entitled to vision tests if they are a regular user of Display Screen Equipment; Clarity Healthcare provides a screening service which eliminates the employees who do not require a full optician assessment. | To ensure that there is early identification of any deterioration in the Employees eye sight 2 yearly screening is recommended by Clarity Healthcare. |

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| FLT Drivers | HS(G)6. Safety in Working with Lift Trucks. | FLT Drivers Surveillance. | Requirements are good eyesight, adequate hearing and head and neck mobility as the ability to look over the shoulder is important.An operator should not have a condition that predisposes to sudden loss of consciousness. | Hearing tests are undertaken in line with HSE guidance on Audiometry Testing and will be carried out in line with the Control of Noise at Work Regulations 2005. Clarity Healthcare Ltd considers through evidence that in the event of litigation against the Employer in the event of an accident involving an FLT if all elements of a Health Survellance Program have been completed and the Employer has exceeded Best Practice expected by the HSE the defence of the litigation is clearer.If the Client does not wish to undertake this programme their requirement must be documented at the Set Up of the account or it will be considered that they agree to the said programme. |
| HAVS- Hand Arm Vibration Syndrome | Control of Vibration at Work Regulations 2005.<br><br>**Statutory medical positive results to be declared to HSE.** | Hand Arm Vibration Assessment. | Questionaire yearly unless symptoms declared when the process is escalated to a more formal assessment. | If a HAVS 3 Assessment is recommended it should be arranged ASAP as it is a Statutory Regulation and has to be reported to the HSE if a case is diagnosed. A HAVS level 3 result will inform the Employer whether further investigation is required to establish whether the Employee definatively has HAVS. |
| Lead workers | **Statutory medical positive results to be declared to HSE.** | Lead Workers Assessment for workers in the lead acid battery industry, smelting and refining of lead and lead alloys. Also solder ceramic, glass, pigments and ammunition. Health Surveillance is required when a breathing zone sample indicates that the 8 hour time weighted average exposure (TWA) is greater than half the lead in air standard of 0.15mg/m3. | Only HSE EMAs/HSE appointed doctors should carry out such health surveillance. An initial medical assessment of fitness for lead work is required together with a baseline blood lead and haemoglobin prior to commencement of work with lead. Followed by a minimum of yearly health surveillance dependant on acitivity and blood lead level and should include:- Physical exmination,Review of medical records,Review of blood lead levels and other relevant tests haemoglobin and zinc protoporphyrin ( levels in unexposed workers are usually <2ug/g haemoglobin. | Maximum intervals for blood lead monitoring by blood lead levels.<br><br>.Blood lead — Maximim interval for surveillance<br><br><30ug/dl — 12 months<br>>30 -<40ug/dl — 6 months<br>>40-<60 ug/dl — 3 months<br>>60-ug/dl — At Drs discretion but not >3 months |
| Asbestos Workers | Control of Asbestos at Work (CAW) Regulations 2002. | Asbestos is defined by HSE as a 'group of naturally occuring silicate minerals' comprising crocidolite, amosite,chrysotile, fibrous actinolite,firbous anthophyllite and fibrous tremolite or mixtures containing these. | Exposure is regulated by the Control of Asbestos at Work (CAW) Regulations 2002. Removal must be carried out inside a negative pressure enclosure.Personal exposure (control) limitsccover 10 minute and 4 hour periods. Exceeding a 12 week 'Action Level' triggers extra provisions in the CAW regulations including a requirement for Health Surveillance. Hazard classification and risk phrases:Carc R45, R48/23. | Exposure limits for airbourne exposure to asbestos.<br><br>Control limits — Action Level<br>10 minute — 4 Hour<br>12 week — continuous<br>continuous — cumulative<br>0.9 — 0.3<br>96 Chrysotile — 0.6<br>0.2 — 48 All other forms |

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| Isocynates | Control of Substances Hazardous to Health Regulations. | **Isocynate use**<br><br>COSHH regulation 11(2)(b) Conditions necessary for Health Surveillance are met in the case of isocynate paint spraying :-<br><br>1. There is an identifiable disease or adverse health effect related to exposure including occupational asthma.<br><br>2. Reasonable lilklihood that the disease may occur under the particular conditions of work<br><br>3. There are valid techniques for detecting indications of the the disease - including respiratory questionnaires and lung function testing | **Form of Health surveillance**<br><br>1. Good record keeping, name, sex,date of birth,address, national insurance number, date of commencement and employment history.<br><br>2. Respiratory questionaire for those involved. These can identify symptoms of occupational asthma. These should be undertaken at pre-exposure,6 weeks, 6 months and thereafter annually.<br><br>3. Routine lung function test. Pre exposure screening is valuable in identifying those who suffer from chronic respiratory disease who should not work with isocynate paints.Lung function tests before work is started provide a baseline against which to measure future tests. | **Exposure limits for isocynate use**<br><br>Since a review in 1981, the maximum exposure limits (MELs) for isocyanate have been 0.02 mg/m3 (8-hour time-weighted average, TWA) and 0.07 mg/m3 (15-minute TWA). |
| Lone Workers | Health and Safety at Work 1974. Management of Health and Safety at Work Regulations 1999. | Working alone is not against the law and it will often be safe to do so. However the law requires employers and others to consider the Health and Safety risks. This responsibility cannot be transferred to the person working alone, it is the employers duty to assess the risks. Empoloyees have responsibilty to take reasonable care of themselves and other people affected by their work. | The Health Surveillance program is defined by the employment role of the individual and not as a Lone Worker but this should be taken into consideration if there is any declared medical condition. Emphasis must be placed on Risk assessment by the employer. | There are some high risk activities where at least one other person may need to be present. High risk confined space, someone dedicated to rescue role required. Working at or near exposed live electricity conductors. Other electrical work where at least two people are sometimes required. |
| Confined Space Workers | Confined Space Regulations 1997. | Confined space" means any place, including any chamber, tank, vat, silo, pit, trench, pipe, sewer, flue, well or other similar space in which, by virtue of its enclosed nature, there arises a reasonably foreseeable specified risk. | The Health Surveillance program is defined by the employment role of the individual taking into consideration that the employee is working in a High Risk environment and the assessments should be viewed as Safety Critical. See table ffor parameter requirements for Safety Critical Workers below. | |
| Insulin Dependant Diabetes | **Disability Discrimination Act 1995/2005**<br><br>Diabetes UK Driving and Employment Committee have produced Guidelines for assessing the suitability of people with insulin treated diabetes for employment where there may be risk of injury or harm to the person or public. | Reasonable adjusted duties required by employer. | Insulin dependant diabetics are barred from certain Safety Critical roles:-<br>1. Group 2 vehicle driving<br>2. Piloting a plane.<br><br>Risk Assessment is required prior to employment in other potentially hazardous occupations such as:-<br>1. Working at Height<br>2. Firefighting. | Urine glucose should be tested in all Group 2 vehicle drivers, FLT drivers and Safety Critical Workers Assessments in line with the recall dates applied. |

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| Fitness for Safety Critical Work | **Safety Critical Work** is any task which in the event of failure may lead to an accident or otherwise compromise the safety of:-<br>1. People employees,clients or service users, the public<br>2. Plant or premises<br>3. The environment.<br><br>**Disability Discrimination Act 1995/2005**<br>Health and safety reasons may genuinely preclude an individual with a disability from undertaking a safety Critical task. However, before concluding an employee is unfit an employer should consider whether any reasonable adjustments to the workplace would allow the employee to undertake safety critical work. If not the employer should carefully document their reasoning in case it is subsequently challenged at an Employment Tribunal. | **Safety Critical Work defined as:**<br>1. Regular vehicle driving Train,Plane etc<br>2. Work at heights<br>3. Work in confined spaces<br>4. Work with or near electrical equipment including customers premises<br>5. Managing safety critical control systems, e.g.plant control rooms,air traffic controllers, nuclear industry<br>6. Working on railway premises or infrastructure this includes drivers guards and signalmen. | **General Principles**<br>A useful rule of thumb is "Would this person be able to drive an LGV/PCV under DVLA rules?"<br>A fixed disability e.g. loss of a limb may affect fitness for SCW role.<br>A progressive condition e.g.MS may compromise fitnesss in the future.<br>Pharmacological treatment of a condition may compromise fitness for safety critical posts if the side effects cause drowsiness albeit temporarily.<br><br>Conditions that may compromice fitness for safety critical tasks are broadly speakingthose that:-<br>1. Lead to sudden incapacity/altered consciousness - Epilepsy, Diabetes<br>2. Affect mobility - Rhematoid arthritis<br>3. Affect balance -Menieres disease<br>4. Affect cognition - dementia,brain damage<br>5. Affect risk perception - mental handicap<br>6. Affect behaviour -psychosis,personality disorder, substance misuse.<br>7. Affect communication -deafness,visual impairment, speech problems, abnormal colour vision. | **Assessment Frequency**<br>This will vary with Industry sector. Generally, annual review is the minimum assessment interval, but longer intervals may be stipulated in fit young workers without pre existing disease. Where an employee suffers from a progressive medical condition, more frequent review of fitness by a physician may be indicated. |
| Working at Heights | Working at Height Regulations 2005 | **What is 'work at height'?**<br>A place is 'at height' if (unless these Regulations are followed) a person could be injured falling from it, even if it is at or below ground level. 'Work' includes moving around at a place of work (except by a staircase in a permanent workplace) but not travel to or from a place of work. For instance, a sales assistant on a stepladder would be working at height, but we would not be inclined to apply the Regulations to a mounted police officer on patrol.<br>The Work at Height Regulations 2005 apply to all work at height where there is a risk of a fall liable to cause personal injury. They place duties on employers, the self-employed, and any person who controls the work of others (eg facilities managers or building owners who may contract others to work at height) to the extent they control the work. | **What you must do as an employer**<br>*You must do all that is reasonably practicable to prevent anyone falling.*<br>The Regulations require dutyholders to ensure:<br>• all work at height is properly planned and organised;<br>• all work at height takes account of weather conditions that could endanger health and safety;<br>• those involved in work at height are trained and competent;<br>• the place where work at height is done is safe;<br>• equipment for work at height is appropriately inspected;<br>• the risks from fragile surfaces are properly controlled; and<br>• the risks from falling objects are properly controlled.<br>• Ensure that no work is done at height if it is safe and reasonably practicable to do it other than at height;<br>• ensure that the work is properly planned, appropriately supervised, and carried out in as safe a way as is reasonably practicable;<br>• plan for emergencies and rescue;<br>• take account of the risk assessment carried out under regulation 3 of the Management of Health and Safety at Work Regulations. | **Working at Height Health Assessment**<br>Working at Height is covered by the Safety Critical Workers Heirachy and therefore a full and complete health assessment should be undertaken every year unless there has been an accident or sickness which could have affected the employees ability to work as a Safety Critical Worker when a further health assessment should be undertaken prior to the return to work. |