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<tr>
<th>Author:</th>
<th>Senior Occupational Health Advisor</th>
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<td>Responsible Lead Executive Director:</td>
<td>OD Director</td>
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<td>Occupational Health &amp; Safety Management Group and Joint Policy Forum</td>
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<th>Contributing Author / Authors</th>
<th>• Senior Occupational Health Advisor</th>
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| Consultation Process / Stakeholders: | • Occupational Health Clinicians  |
|                                      | • Health & Safety Advisors         |
|                                      | • Charge Nurse, Dermatology Out-Patients, Hairmyres Hospital |
|                                      | • Consultant Dermatologist         |
|                                      | • Senior Charge Nurse, Ward 2, Hairmyres Hospital |
|                                      | • Senior Charge Nurse, Ward 4, Hairmyres Hospital |
|                                      | • Senior Charge Nurse, Ward 11, Hairmyres Hospital |
|                                      | • Senior Charge Nurse, Ward 9, Wishaw General |
|                                      | • Senior Charge Nurse, Ward 7, Monklands Hospital |
|                                      | • Senior Charge Nurse, AMRU/MUA, Monklands Hospital |
|                                      | • Senior Charge Nurse, Infectious Diseases, Monklands |
|                                      | • General Manager, PSSD             |
|                                      | • General Manager, Procurement      |
|                                      | • Head of Infection Prevention and Control |
|                                      | • Senior Nurse Infection Prevention and Control |
|                                      | • Theatre Manager, Hairmyres Hospital |
|                                      | • Senior Charge Nurse, Pre-Assessment, Hairmyres Hospital |
|                                      | • Divisional Nurse Director         |
|                                      | • Senior Nurse, Mental Health & Learning Disabilities |
|                                      | • Senior Nurse                      |
|                                      | • Service Manager, Anaesthetics, Endoscopy, General Surgery |
|                                      | • Chief of Nursing Services, Hairmyres Hospital |
|                                      | • Senior Nurse, Older People        |
|                                      | • Chief of Medical Services         |
|                                      | • Clinical Director, Surgical & Critical Care |
|                                      | • GMB                               |
|                                      | • Unison                           |
|                                      | • Unite                            |
|                                      | • RCN                               |
• Equality and Diversity Manager
• Joint Policy Forum members

Distribution:
• Staff and Organisational Development Group
• Occupational Health & Safety Performance Group
• Joint Policy Forum Group

CHANGE RECORD

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1. **INTRODUCTION**

Some of the work activities undertaken by employees of NHS Lanarkshire will produce the need for medical assessment of their health. The Management of Health & Safety at Work Regulations 1999 (as amended) places a specific responsibility on the employer to assess all risks to their employees and to ensure appropriate controls are put into place. This includes health protection and, specifically under these regulations, health surveillance. The Control of Substances Hazardous to Health Regulations (COSHH) (2002) as amended places a duty on NHS Lanarkshire to undertake health surveillance in certain circumstances. Other hazard legislation such as the Control of Noise at Work Regulations 2005 and the Control of Vibration at Work Regulations 2005 may also direct a requirement for health surveillance.

2. **AIM, PURPOSE AND OUTCOMES**

**AIM**

To provide a framework to put into place systematic, regular and appropriate procedures to detect early signs of work-related ill health among staff exposed to certain health risks and a system to act upon those results.

**PURPOSE**

Protection of the health of employees who are exposed to workplace hazards;

Detecting health problems at an early stage, protecting staff and confirming whether they are still fit for work;

Checking control measures are effective in preventing health problems by giving feedback on risk assessments and proposing further actions;

Providing data to detect and evaluate areas of potential health risks;

Training staff in safe and healthy working practices and confirming this training is adequate, understood and appropriate;

Improve feedback and communication with staff about health and safety risks and promote healthy behaviour, both within and outside the workplace.

**OUTCOME**

Adverse health effects will be identified at an early stage leading to suitable actions being carried out

Data will be collected regarding health surveillance and evaluation of hazards

3. **SCOPE**

3.1 **Who is the Policy intended to Benefit or Affect?**

This Policy is applicable to all NHS Lanarkshire staff who may be potentially exposed to health hazards at work (physical, chemical or biological) at any site where NHS Lanarkshire has a duty of care and responsibility.

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure,
and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

3.2 Who are the Stakeholders
NHS Lanarkshire has consulted with the stakeholders listed in Section i) to produce this policy, setting out good practice on the development, implementation, monitoring and review of policies, ensuring the quality and consistency of all corporate policies.

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4. PRINCIPAL CONTENT

4.1 HEALTH SURVEILLANCE

Health surveillance is a specific process involving regular assessment of an employee's health to detect a “known adverse health effect at an early state by valid means” caused by exposure to specific hazards at work. Health surveillance is a way of checking whether control measures applied by NHS Lanarkshire are effective. If they are, people potentially exposed to the hazards should show no signs of harm to health over time.

Health surveillance is commonly used where individuals at work may be exposed to asbestos, radiation, vibration, biological material or hazardous chemicals capable of harming the skin or lungs.

The objectives of health surveillance include the:

- Protection of the health of the individual employee by the early detection of adverse changes.
- Assistance in evaluating measures taken to control exposure.
- Collection, maintenance and use of data for the detection and evaluation of health hazards.

Health Surveillance includes, dependent on the hazard and relevant legislation:

- Medical surveillance where staff are examined by a doctor.
- Symptoms enquiries/inspections by a qualified person, for example, an Occupational Health Nurse/Advisor.
- Enquiry by a responsible person.
- Biological Monitoring/Biological Effect Monitoring
- Maintenance of health surveillance records. These are written surveillance records containing details of employment/exposure to hazardous substances but no actual medical details.

Within NHS Lanarkshire, health surveillance may be required for staff at risk from workplace hazards.
For example:
- Noise
- Ionising radiation
- Respiratory sensitisers, i.e. formalin, formaldehyde, methylmethacrylate, cytotoxic preparation, welding, soldering fumes, dusts, oils, descaling agents
- Vibration, i.e. power tools
- Blood borne infection/disease
- Skin irritants/sensitizers i.e. latex, hand gels, wet work, oils
- Lasers

4.2 RISK ASSESSMENT

It is necessary to perform an adequate and detailed risk assessment on tasks and processes to identify any health risks and determine the need for health surveillance and/or assessment. During the risk assessment process, managers must consider whether there is a statutory requirement to undertake health surveillance for this task.

The risk assessment must identify the health hazards within the workplace, who is at risk and what measures are in place to control this risk. Where risk remains, health surveillance can be considered, however it is important to remember that health surveillance is not a substitute for controlling risks at work.

NHS Lanarkshire Health & Safety Policies which incorporate the risk assessment and COSHH process should be followed by managers and can be found in the Health and Safety Control Book and on the relevant NHS Lanarkshire FirstPort site which will be updated in line with NHS Lanarkshire Policies and Process.

4.3 PROCEDURE FOR HEALTH SURVEILLANCE

4.3.1 Identifying the Need for Health Surveillance

If the risk assessment process has identified the need for health surveillance, the manager should submit a Request for Health Surveillance (Appendix 1) to Occupational Health (OH) with a copy of the risk assessment. The Occupational Health Nurse, in liaison with the Occupational Health Physician (OHP), will identify the need for a health surveillance programme and the frequency and type of surveillance programme to be undertaken.

Further guidance on the procedure and management of specific hazards related to chemical and biological hazards can be found in the COSHH Policy.

There may be specific requirements for health surveillance associated with blood borne infection or disease where an individual is exposed to blood products or contaminated body fluids. Managers are advised that guidance on the management of blood borne infection/disease can be found in the NHS Lanarkshire’s Bloodborne Virus Exposure Prevention and Management Policy.

4.3.2 Health Surveillance Records Process

The COSHH Regulations, along with other legislation, requires the maintenance of a health
surveillance assessment and exposure record which is to be accessible, with reasonable notice, to the staff member and respective line manager. Any health surveillance programme has to include the retention of a health surveillance record for each individual. The Data Protection Act allows employees a right to see and comment on their records. It is also good practice to offer individual employees a copy of their health risk assessment records when they leave employment.

Maintaining a health record is a statutory requirement and it is an important document because it provides:

- A historical record of jobs involving exposure to substances or processes requiring health surveillance.
- A record of the outcome of previous health surveillance procedures (in terms of fitness to work, restrictions required, etc).
- Information for the Health and Safety Executive (HSE) to demonstrate that health surveillance has been carried out.

Health Surveillance records are different from clinical records in that they DO NOT contain confidential clinical details and can therefore be kept securely with other confidential personnel records. Records which include medical information arising from clinical examination are held in confidence by Salus Occupational Health, Safety & Return to Work Services and can only be released to managers with the written consent of the individual.

All new and existing staff members that require health surveillance, under the requirements of legislation, should be identified by the line manager through the risk assessment. Following completion of the appropriate risk assessment, if there is any doubt on whether health surveillance is required, the line manager should contact Health and Safety and/or OH for specialist guidance. Managers may consider the opportunity to combine any health surveillance form completion or discussion with staff, with the annual performance review process.

Departmental Health Surveillance Records and/or Individual Health Surveillance Records should contain the following details regarding the individual and must be retained for a period 40 years:

- Full name
- Home address
- National insurance number
- Date of birth
- Job category
- Substance(s) exposed to
- Exposure date(s)
- Type of health surveillance required
- Name of tester
- Outcome

The line manager must forward to OH a list of staff requiring health surveillance and the hazard/substance to which they are exposed. Work schedules are to be planned to accommodate appointments for health surveillance.

Where health surveillance is carried out, OH will provide a written summary of the outcomes in terms of the worker's fitness for work and/or any recommendations, to the manager.
Managers should keep this information in the Individual Health Surveillance Record.

Other hazard specific legislation may also require further details to be given to the manager.

4.3.4 OH Outcomes

Where the conclusion of unfit for work is noted, OH inform the line manager of this in writing, having already informed the worker of the reasons for this conclusion. Line managers should discuss with Human Resources and may need to consider adjustments, redeployment or, if this is not possible, retirement on the grounds of ill health may be the outcome. In addition, the worker may be eligible to apply for NHS Injuries Benefit and have recourse to law.

When health surveillance is introduced, line managers must be aware that some workers may be classed as unfit for further exposure and may need adjustments or re-deployed. Reference should be made to NHS Lanarkshire’s policies on redeployment.

A summary of the findings of health assessment/surveillance programmes within a department will be prepared by an OH for the manager. This information will be shared with Health and Safety and Infection Control staff where appropriate.

5. ROLES AND RESPONSIBILITIES

All managers within NHS Lanarkshire are responsible to ensure, so far as is reasonably practicable, for the health, safety and welfare at work of all employees under their care.

5.1 Senior Manager Responsibilities

- Must implement this policy and any associated guidance based on COSHH assessments within their areas of responsibility
- Must ensure arrangements are in place for the monitoring of (and compliance with) this policy -
- Must ensure there are suitable resources available for the implementation of this policy
- Inform Occupational Health & Safety where there is a significant change in substances used

5.2 Line Manager Responsibilities

- Managers must be aware of all hazards/hazardous substances used within their area. An inventory form is available in section 3F of the Health & Safety Control Book
- Managers have responsibility for ensuring where there is an identified hazard a suitable and sufficient assessment of the risk has been undertaken.
- If health surveillance is required, managers must request this from OH (Appendix 1)
- Following risk assessment, managers are required to advise OH of those members of staff who may require health surveillance at pre-employment or during employment
- Managers are responsible for ensuring that staff groups and individuals identified as being at risk are given appropriate information, instruction and training to minimise the risks to health.
- If health surveillance is required, managers must ensure employees attend the OH.
- Any recommendations given by the OH should be implemented.
- If the recommendations cannot be implemented appropriately, the manager should contact
All incidences of work related illness, ill health or injury must be reported on Datix as soon as possible to ensure appropriate investigation / follow up as required.

When a manager is informed of a diagnosis of occupational disease they must consider if they require to complete a RIDDOR report to the Health and Safety Executive.

5.2 Employee Responsibilities

- Adhere to this Policy and overarching arrangements
- Employees identified as needing health surveillance are required to co-operate and fulfil their responsibility by attending OH when requested.
- All employees have a requirement to report any issues of ill health that are or may be attributable to workplace tasks or conditions.

5.3 Occupational Health Responsibilities

- Provide appropriate health surveillance (including follow-up) as required i.e. legal requirements, good practice or as identified following risk assessment
- Provide activity reports on quarterly basis to the Occupational Health & Safety Performance Group
- Attend Trust meetings as required
- Report annually which staff groups have received health surveillance, why and the outcome
- Advise Line Managers and employees of any necessary adjustment or restriction to their work activities

5.4 Health & Safety Responsibilities

- Will provide specialist advice and guidance where substances have a workplace exposure limit (WEL) as indicated on the manufacturer's safety data sheet
- Advise and assist with task based COSHH assessments
- Advise on occupational environmental monitoring services to ensure effectiveness of control measures and compliance with workplace exposure limits
- Provide health & safety training for managers and control book holders in order to facilitate them being able to carry out appropriate risk assessments
- Will liaise with other Specialist Advisors e.g. infection control, pharmacists, clinical leads, procurement or medical physics to ensure that products are carefully evaluated before being introduced into the workplace.

6. RESOURCE IMPLICATIONS

6.1 Financial considerations:

6.2 Staff considerations:

- Time and support of managers/control book holders/identified responsible persons to organise health surveillance
- Occupational Health resources to carry out health surveillance
- Potential restrictions/adjustments on affected staff
6.3 Education/Training/Awareness considerations:
- Staff requiring additional education or training

6.4 Environmental Impact considerations:
- Use and maintenance of equipment and sundries

7. COMMUNICATION PLAN
- The Policy and process will be communicated via the NHSL internet and intranet. Articles referring to the Policy will be carried in the Pulse and staff briefs.
- New staff members will receive information during Corporate Induction sessions.
- Existing staff should obtain this guidance from the NHSL Latex Policy NHS and the National Infection Prevention and Control Manual V3.
- Education to medical staff will be delivered via the junior medical staff online training system.
- Robust communication and timeous cascading of information to all relevant staff groups is paramount in relation to latex issues and glove usage to ensure a safety culture is maintained

8. QUALITY IMPROVEMENT – Monitoring and Review
Quarterly reporting to the Occupational Health and Safety Performance Group
As part of the annual Salus Occupational Health, Safety & Return to Work Services annual report to NHS Lanarkshire

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT
This policy meets NHS Lanarkshire’s EDIA

10. Summary or Frequently Asked Questions (FAQs)
**How long should I keep health records?**
As a general rule, individual health records should be kept for at least 40 years from the date of the last entry. However, some regulations may require you to keep them for much longer as ill-health effects might not emerge for a very long period after exposure. It is good practice to offer individual employees a copy of their health record when they leave your employment.

**Who can see the health records?**
In addition to the employer, who is responsible for keeping them, employee health records can be seen when requested by:
- The employee concerned
- HSE

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The employee's representative (with that employee's consent)

**Do I Need Health Surveillance?**

If there is still a risk to health after the implementation of all reasonable precautions, you may need to put a health surveillance programme in place. Health surveillance is required if all the following criteria are met:

- There is an identifiable disease/adverse health effect and evidence of a link with workplace exposure
- It is likely the disease/health effect may occur
- There are valid techniques for detecting early signs of the disease/health effect
- These techniques do not pose a risk to employees

11. **REFERENCES**

- Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health Regulations 2002 (Amended)
- Management of Health and Safety at Work Regulations 1999
- Control of Noise at Work Regulations 2005
- Control of Lead at Work Regulations 2002
- Control of Asbestos at Work Regulations 2006
- Confined Spaces Regulations 1997
- Working Time Regulations 2003 (Amended)
- EH40/Workplace Exposure Limits
- Food Hygiene (Scotland) Regulations 2006
- New and Expectant Mothers Guidance
- Health and Safety Miscellaneous Amendments 2014
- NHS Lanarkshire Dermatitis in Health Care Workers Policy
- NHS Lanarkshire Latex Policy
Request for Health Surveillance

To be completed by Line Manager: This form should be completed in conjunction with local risk assessments if the process/exposure has a potential adverse health outcome and further advice is required from the Occupational Health Service to confirm if health surveillance is required.

<table>
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<tr>
<th>Department</th>
<th>Site/ Location</th>
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**Description of substance or process**

**Product Details (if applicable)**

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<th>Supplier/ Manufacturer Details</th>
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Where environmental monitoring data is available, please provide:

**Level of exposure:**

- Infrequently ☐
- Once a year ☐
- Every few months ☐
- Monthly ☐
- Several times a month ☐
- Weekly ☐
- Several times a week ☐
- Daily ☐
- Hourly ☐
- Constantly ☐

**Frequency of use/exposure to hazardous substance**

- Infrequently ☐
- Once a year ☐
- Every few months ☐
- Monthly ☐
- Several times a month ☐
- Weekly ☐
- Several times a week ☐
- Daily ☐

**Who is potentially exposed to the hazard?** (check all that apply)

- Nursing Staff ☐
- Medical Staff ☐
- Dental Staff ☐
- AHP's ☐
- Laboratory Staff ☐
- Pharmacy Staff ☐
- Support Services Staff ☐
- Contractors ☐
- Staff Bank/ Locums ☐
- Trainees/Students ☐
- Volunteers ☐
- New/Expectant Mothers ☐
- Young Workers (<18 years) ☐
- Patients ☐
- Other ☐
  - Specify: ☐

**Control Measures in place**

**Has health surveillance previously been required?**

- Yes ☐
- No ☐

**Signature**

**Designation**

**Date**

---

**For OH Use Only**

**RPHS appropriate?**

- Yes ☐
- Manager contacted to arrange training ☐
- No ☐

**Higher level surveillance required**

- Yes ☐
- Manager contacted to arrange surveillance ☐
- No ☐