



Occupational Health Specialists

Business Medical

Health Surveillance
&
Fitness for safety-critical work

Linda Bell

Consultant Occupational Health Physician
Business Medical

Health Surveillance vs. Fitness for Work

Fitness for work

- Health checks:
 - Before start tasks
 - Any health problems affecting ability to do tasks?

i.e. Could health affect work?

- Best practice or guidance

Health Surveillance vs. Fitness for Work

Health Surveillance

- Health checks
 - After work done
 - Assessing effects of hazards on health

i.e. Work affected health?

- Required by H&S Regs

Health Surveillance vs. Fitness for Work

Fitness for work

- Health checks:
 - Before start tasks
 - Any health problems affecting ability to do tasks?

i.e. Could health affect work?

- **Best practice or guidance**

Health Surveillance

- Health checks
 - After work done
 - Assessing effects of hazards on health

i.e. Work affected health?

- **Required by H&S Regs**

FITNESS FOR SAFETY-CRITICAL WORK

Types of safety critical work

- Working at Height
- Confined spaces
- Breathing Apparatus
- Compressed Air
- Diving
- Driving
 - LGV, PSV
 - Professional driving
 - Fork Lift Truck
 - Special vehicles - cranes, etc.
- Food-handling
- Healthcare
 - Responsible for patients
 - Surgery & Exposure Prone Procedures (EPP)
- Emergency Response
- Offshore work
- Lone Working
- Environments with Violence & Aggression
- Transport - rail, air, sea

Working at Height

- Over 4000 falls per year at work in UK
- Commonest fatality at work \approx 50 per year
- Types of work
 - Using Fixed or Portable ladders
 - Construction workers, roofers, scaffolders...
 - Aerials, power, telephone lines, windturbines...
 - Ropes - abseiling, winch etc.
 - Working on Platforms etc.....

Working at Height

Functional Problems

- Blackouts
- Sudden acute pain
- Poor Balance, dizziness
- Weakness &/or poor coordination
- Obesity
- Poor Vision or hearing
- Awareness, concentration -
Mental health problems
- Alcohol or drugs
- Fear of heights!

e.g. Common Conditions

- Epilepsy, diabetes, heart
- Angina, bowel conditions
- Ear conditions
- Multiple sclerosis

- No glasses! Cataracts
- Depression & Medication

- Mondays, end of month

Working at Height

Medical assessments

- Health Questionnaire
- Height, weight, Body Mass Index (BMI = Weight/Height²)
- Blood pressure
- Urine sugar
- Vision

- Balance
- Spine and limb movements

- Alcohol & drugs - pre-employment, random, with-cause

Other Safety Critical Jobs

- Offshore work - UKOOA or Norwegian Medical Rules - **big money!**
- Breathing apparatus (BA) - Lungs, ASTHMA, heart, fitness
- Emergency response - BA + Chester Step or treadmill

- Driving:
 - LGV, PSV
<http://www.dft.gov.uk/dvla/medical/ataglance.aspx>
 - FORK LIFT TRUCK
<http://www.hse.gov.uk/pubns/priced/hsg6.pdf>
 - ROAD RISK - Professional driving -
<http://webarchive.nationalarchives.gov.uk/+http://www.dft.gov.uk/162259/164386/fitnesstodrive>

Scottish Fatal Injuries Statistics 2006 / 2007

- 31 fatally injured workers
- 5 fatally injured members of the public
- 314 road traffic fatalities

Prosecution only a matter of time

Business involved in fatality now faces possible investigation for Corporate Homicide.



Other Safety Critical Jobs

- Lone Working
- Environments with Violence & Aggression
 - » Verbal Communication
- Food-handling
 - Infections, skin, respiratory, bowel disease, nail-biters
 - <http://www.food.gov.uk/multimedia/pdfs/publication/fitnesstoworkguide09v3.pdf>

Other Safety Critical Jobs

- Healthcare
 - Responsible for patients - mental health
 - Surgery & Exposure Prone Procedures (EPP) - hepatitis & HIV



HEALTH SURVEILLANCE

What is it?

HSE Definition:

Health surveillance is about systematically watching out for early signs of work-related ill health in employees exposed to certain health risks; *and acting on the results*"

Relevant Legislation

The Health and Safety at Work Act 1974 Section 2(3)

- **Enabling Regulations:**
 - **COSHH Regulations** (*solvents, fumes, dusts, biological agents etc.*)
 - Skin
 - Irritant & Allergic Dermatitis, urticaria, oil acne, chloracne, pigment changes, chrome ulcer, cement burns, cancer
 - Respiratory
 - Asthma, COPD, silicosis
 - **Control of Noise at Work Regs. 2005**
 - Noise induced hearing loss
 - **Control of Vibration at Work Regs. 2005**
 - Hand-Arm-Vibration Syndrome
 - **Management of Health & Safety at Work Regs. 1999**
 - manual handling, work-related upper limb disorders, stress-related diseases, whole body vibration???

Relevant Legislation

Appointed Doctor medicals for Health Surveillance

- Control of Asbestos at Work Regulations 2002
- Control of Lead at Work Regulations 2002
- Ionising Radiation Regulations 1999
- Diving Operations at Work Regulations 1997
- Work in Compressed Air Regulations 1996

Employer Responsibility

- **Management of Health & Safety at Work Regulations 1999**
Regulation 6

'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'

But what for?

- Identify disease early
 - Is work affecting health?
- Check effectiveness of control measures
- Feedback on accuracy of risk assessment
- Give employees a chance to raise concerns about the effect of work on health
- An opportunity to train and instruct employees
- Aims to improve the protection of employees

HSE Comes a-calling.....

- **HSE Operational Circular OC 273/13**
- **How to assess the adequacy of health surveillance**
- Techniques used for health surveillance will vary but certain features are common. The following should be looked for:
 - (1) the need for surveillance should be justified in the COSHH assessment;
 - (2) usually a written procedure should be available, specifying what is to be done and how frequently;
 - (3) person(s) undertaking surveillance should be competent;
 - (4) health records should always be available; and
 - (5) there should be evidence of action on adverse results.

How do we do it?

- a) **Inspection** of readily detectable conditions by a '**responsible person**' acting within the limits of their training and experience
- (b) **Enquiries about symptoms, inspection and examination** by a **qualified person** such as an Occupational Health Nurse
- (c) **Medical surveillance**, which may include clinical examination and measurement of physiological or psychological effects by an appropriately qualified person
- (d) **Biological effect monitoring**, ie the measurement and assessment of early biological effects Eg. lung function tests
- (e) **Biological monitoring**, ie the measurement and assessment of workplace agents or their metabolites either in tissues, secreta, excreta, expired air or any combination of these in exposed workers. Eg Blood Lead levels, chemicals in urine

How do we do it?

AND

Keeping individual Health Records for surveillance
- Including Baseline health assessment on commencing a new post or placement

AND

Anonymised analysis of results data of groups of employees provided to management, and be made available to safety or employee representatives.

Who does it?

'A competent person acting within the limits of their training and experience'

A *'responsible person'* looking for a clear reaction eg. skin

A *'qualified person'* asking employees about symptoms, or inspecting or examining individuals for ill-health - OH Nurse, OH technician

'Medical surveillance' by a doctor which can include clinical examination

What do we do?

- **Skin**
 - Health Questionnaire + inspect skin
- **Lung**
 - Health Questionnaire + lung function
- **Noise**
 - Health Questionnaire + hearing test
- **Vibration**
 - Tiers 1&2 - Health Questionnaire
 - Tier 3 - OH Nurse examination
 - Tier 4 - OH Doctor examination
 - Tier 5 - Optional "standardised tests"
- **Blood borne viruses**
 - Test blood baseline and after needlestick injury

How often?

- **Noise - Hearing**
 - Baseline or pre-employment
 - Annually for 2 years
 - Then 3 yearly
 - More frequent where high risk, or abnormality detected
- **Vibration - HAVS**
 - Baseline or pre-employment
 - Annually, or more frequent where abnormality detected
- **COSHH - Skin or Respiratory**
 - Baseline or pre-employment
 - Annually, or more frequent where high risk or abnormality detected

Health (Surveillance) Records

Provides:

- A historical record of jobs involving exposure to hazards
- A record of the outcome - fitness to work, restrictions required
- Information for HSE or local authority inspectors
- Must be maintained throughout employees employment
- Must be kept by management for time period specified in legislation

Health (Surveillance) Record

- Surname
- Forenames
- Sex
- Date of Birth
- Permanent address
- N.I. Number
- Date started present job
- Historical record of jobs involving exposure to hazards for which health surveillance is required during the current spell of employment
- Conclusions, date carried out, where & by whom (nurse, doctor, responsible person)
- Whether fit to continue to work, restrictions, review
 - **But no confidential clinical information**
 - **Kept securely with other confidential personnel records**

How long to keep the records?

- As long as they are under health surveillance.
- Noise & vibration - no specific guidance but..... *'may wish to retain it for longer as enquiries regarding the state of an individual's hearing may arise many years after exposure to noise has ceased'*.
- Some regulations - COSHH, Lead, Asbestos, Ionising Radiations and Compressed Air - state that records should be retained for much longer (40 or 50 years or more) as ill health effects might not emerge until a long time after exposure.
- Good practice to offer individual employees a copy of their health records when they leave employment.
- Employers about to cease to trade are obliged under COSHH 1999 & Control of Lead at Work Regs. to notify HSE and to offer to provide paper copies of employees' health records for safe keeping and to offer them to the employee.

Employee Responsibility

'Employees' duties under section 7 of the HSW Act include co-operating with their employer to enable the employer to comply with statutory duties for health and safety.'

'An employee to whom this regulation applies shall, when required by his employer and at the cost of his employer, present himself during his working hours for such health surveillance procedures as may be required '

RIDDOR Reporting

When a registered medical practitioner makes a written statement that an employee is suffering from a specific disease reportable under the regulations: -

It is managements responsibility to report to HSE under RIDDOR

Remember

- Special groups such as
 - New or expectant mothers
 - Young people
 - Maintenance workers
 - Temporary workers
 - Contractors
 - Self employed
 - Foreign workers - language difficulties, cultural differences, and H&S expectations

Further Information

- *Understanding health surveillance at work: an introduction for employers* HSE Books
<http://www.hse.gov.uk/pubns/indg304.pdf>
- *Health surveillance at work.* HSE Books
<http://books.hse.gov.uk/hse/public/saleproducts.jsf?productList:data=0>
- *COSHH*
<http://www.hse.gov.uk/pubns/priced/l15.pdf>
- *Control of Noise at work: ACOP*
<http://www.hse.gov.uk/pubns/indg362.pdf>
- *Control of Vibration at work: ACOP*
<http://www.hse.gov.uk/pubns/priced/l140.pdf>
<http://www.hse.gov.uk/pubns/priced/l141.pdf>
- **RIDDOR - Reportable diseases**
<http://www.hse.gov.uk/pubns/hse32.pdf>