



Leaflet 2

HEALTH SURVEILLANCE AND HEALTH MONITORING

AMENDMENT RECORD

Amd No	Date	Text Affected	Authority and Date

REVISION NOTE:

This leaflet has been fully revised.

HISTORICAL RECORD:

The original leaflet was introduced in April 2003

The previous version of Leaflet 2 concentrated on advice concerning the access to the civilian occupational health service contract. Details on accessing the civilian occupational health service contract is now available in the Policy Rules and Guidance document "Occupational Health Advice and Support" produced by the People Pay and Pensions Agency.

Revised in April 2010

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FOREWORD

This leaflet is published under the authority of the Defence Occupational Health and Safety Board (OHSB). This leaflet is for application across all areas of MOD and the Armed Forces and reflects any recent changes in legislation and/or MOD practices.

1. SCOPE

1.1 This leaflet provides MOD policy on Health Surveillance (HS) and guidance on its implementation together with guidance on the implementation of Health Monitoring (HM).

1.2 When used within this leaflet the term “Line Manager” refers to the person (Service or civilian) with direct responsibility for the safe conduct of the work activity; for Service activities will usually lie within the chain of command.

2. INTRODUCTION**2.1 What is Health Surveillance?**

2.1.2 The aim of HS is putting in place systematic, regular and appropriate procedures to detect early signs of work related ill-health (e.g. adverse changes or diseases) in staff exposed to recognised health risks (e.g. chemicals, fumes, materials and other hazards - noise) and acting on the results. It also incorporates the collection of data and information for determining and evaluating health hazards; and evaluating if control measures are adequate. HS may include:

- Simple tests, e.g. a visual examination for skin damage (dermatitis) on hands and forearms;
- Technical checks, e.g. hearing tests (audiology) or lung function tests;
- Medical examinations, e.g. X-rays, blood and urine tests.

2.1.3 All HS techniques should be sufficiently sensitive and specific to detect changes (e.g. skin rashes, reduction in lung capacity, hearing loss, etc.), easy to perform and interpret, safe, and preferably non-invasive.

2.1.4 HS should not be confused with health promotion or general health checks, it is not the same as a normal health check-up with a GP.

2.2 What is Health Monitoring?

2.2.1 HM is a generic term which covers the monitoring of the health of staff where no direct causal link has been established in relation to a work activity. In practice and delivery HM is very similar to HS and is therefore included within the scope of this leaflet. HM is used where there could be a risk to health from work activities e.g. (this list is not exhaustive):

- manual handling;
- work related upper limb disorders;
- work that might give rise to stress-related diseases and;
- symptoms from whole body vibration.

HM is also best practice where an individual's health might place other people at risk, e.g. skin infections in food handlers, eye-sight in vocational drivers, epilepsy in safety critical roles, etc.

3. REQUIREMENT FOR HEALTH SURVEILLANCE AND HEALTH MONITORING

3.1 Legal Requirements

3.1.1 Health and safety legislation which is most relevant to MOD and which has specific legal requirements for the provision of HS/HM to staff is listed below:

- Control of Asbestos Regulations
- Ionizing Radiation Regulations
- Control of Lead at Work Regulations
- Control of Substances Hazardous to Health Regulations
- Control of Noise at Work Regulations
- Control of Vibration at Work Regulations

3.1.2 For specific activities regular medical examinations are required by law which are comparable to HS/HM and recorded in a similar way e.g.

- Vocational driving (e.g. Large/Heavy Goods Vehicle and Public Service Vehicle);
- Vocational diving;
- Vocational flying covered by MOD aviation rules;
- Night working (defined as regularly working at least three hours between 23:00-0600).

3.2. MOD Policy

3.2.1 Staff undertaking duties on MOD premises or elsewhere which exposes or has the potential to expose them to hazards that require HS/HM identified by legislation or risk assessment shall be subject to the following implemented as follows:

- **Level 1** - Self-monitoring is carried out by staff on themselves using a self-assessment questionnaire (e.g. stress).. Storage of completed questionnaires is the responsibility of the Line Manager (see paragraph 4.1.9). However, self-assessments on their own are not sufficient to comply with regulations.
 - Adverse HS/HM findings for civilians will normally be sent to the PPPA, for referral to the Civilian Occupational Health Service.
 - For Service personnel, adverse HS/HM findings will be sent to local Services Medical Officer.
- **Level 2** - If the self assessment questionnaire identifies any adverse findings or where it is a legal requirement, targeted HS/HM shall be conducted by a suitably qualified health professional and may involve questionnaires, medical examinations and specimen testing etc. Staff will be given the results in a format that they can understand which shall be suitable for forwarding to their own GP.

3.2.2 It is a requirement for some staff (Service and civilian) employed in specific jobs to have regular and/or age related medical examinations which may incorporate some HS/HM and will be recorded in the same way e.g.:

- Defence Fire and Rescue Service (all operational staff)
- Defence Rail and Container Services (for those doing safety critical tasks)
- Mechanical Handling Equipment (fork lift truck) drivers
- Workers at Heights (>15 metres)

4. ROLES AND RESPONSIBILITIES

4.1 Commanding Officer/Head of Establishment

4.1.1 The CO/HOE shall ensure that all activities in their unit/establishment that require HS/HM have been identified and that suitable and appropriate HS/HM programmes for new and existing staff are developed, implemented and financed

4.2 Line Manager

4.2.1 It is the Line Manager's responsibility to identify where there is a need for HS/HM by risk assessment (a flow chart detailing when HS/HM may be needed is at Annex A). Where risk assessment identifies a need, the Line Manager must ensure that HS/HM is carried out and shall be clearly communicated to staff. The LM shall use the form at Annex B (MOD Form 5051) for recording that HS/HM has been carried out and why.

4.2.2 In addition to the legal requirements in Section 3, Line Managers need to be aware that HS/HM is may be required where for example:

- working patterns significantly exceed an 8 hour working day and/or 40 hour working week;
- proven events of work related illness/ill health occur;
- absenteeism is ascribed to work;
- there has been a failure of control measures (e.g. accidental exposure).

4.2.3 If the Line Manager is uncertain if HS/HM may be appropriate, specialist advice should be obtained from a competent source who will be able to advise if it is required, e.g. for Service personnel this will be local Defence Medical Services (DMS) Occupational Health staff or for civilian staff through the Occupational Health Services Contract via the PPPA.

4.2.5 Where HS/HM is carried out on the MOD's premises suitable facilities must be provided. For examinations undertaken by health professionals this will include a room that is clean, warm, well ventilated, having a wash basin with provision made for privacy. A suitable waiting area should be provided.

4.2.6 Before any member of staff begins work on an activity that requires HS/HM a pre-exposure baseline shall be established. This will normally be followed up with monitoring every 12 months or at intervals decided by an occupational health practitioner. Where occupational health advice has been provided that an individual should not be engaged in work which exposes them to a particular hazard, or limits their exposure, the LM shall ensure that the exposure is managed accordingly.

4.2.7 Staff cannot be asked to pay for the HS/HM examination or any costs associated with it and it shall, where possible, be carried out during working time. Line managers shall also ensure that staff are:

- Consulted and given opportunity to comment;

- Provided with information on the results of their own test or examination in an easily understood format;
- Informed of the significance of any other monitoring e.g. tests for airborne particles or solvents, and be informed about;
 - The purpose of HS/HM, and their duty to attend;
 - The nature and degree of risks to health arising from exposure;
 - The control measures that have been adopted, and why;
 - The reasons for using any type of personal protective equipment (PPE) and clothing, such as respirators or gloves;
 - Results of any surveillance/monitoring of workplace hazards and or routines.

4.2.8 Trade Union/employee safety representatives are entitled to see any general HS/HM data providing that does not identify individuals.

4.2.9 The Line Manager shall record all Level 1 HS/HM undertaken on their staff; including any evidence of failure of control measures (see paragraph 5.1). All control measure failures must be reported on the Incident Reporting Information System (IRIS) through the appropriate TLB reporting chain and shall report any reportable Injuries, Diseases and Dangerous Occurrences under RIDDOR to the HSE (form 2508). Records from Level 2 HS/HM will be held by the practitioner (e.g. DMS or the civilian occupational health contractor) who carries it out.

4.3 Staff

4.3.1 Staff are required to comply with any requirements for HS/HM, which shall be carried out during working time and will delivered to them, free of charge. Their LM shall explain the purpose of the HS/HM.

4.3.2 Staff shall undertake personal responsibility for carrying out regular Level 1 HS/HM self assessments which could include;

- Visually checking for redness, flaking and/or cracking of the skin;
- Muscular and/or skeletal pain;
- Nausea;
- Headaches;
- Tingling of the extremities.

And report all symptoms to their LM, especially where they suspect that their symptoms may be related directly to a work activity, or they have been accidentally exposed due to failures in control measures for further action/investigation.

4.3.4 Staff will be provided with information by their LM on the results of any test or examination including results of any other monitoring e.g. tests for airborne particles or solvents.

4.3.5 If staff suspect that they are being exposed to hazards and they are not receiving HS/HM, they should discuss the matter with their LM and request that

any relevant risk assessments are re-evaluated and appropriate action taken as a result.

5. RECORDS

5.1 HS/HM records and medical reports are confidential and must not be disclosed without the written agreement of the individual to whom they apply.

5.2 Records of HS/HM shall be retained locally for up to three years and together with medical examinations shall be retained in archive for 50 years from the date of the last entry. For further information see paragraph 3.2.3 and JSP 375 Vol 2 Leaflet 55.

6. RELATED DOCUMENTS

6.1 The following documents provide reference material in conjunction with this leaflet:

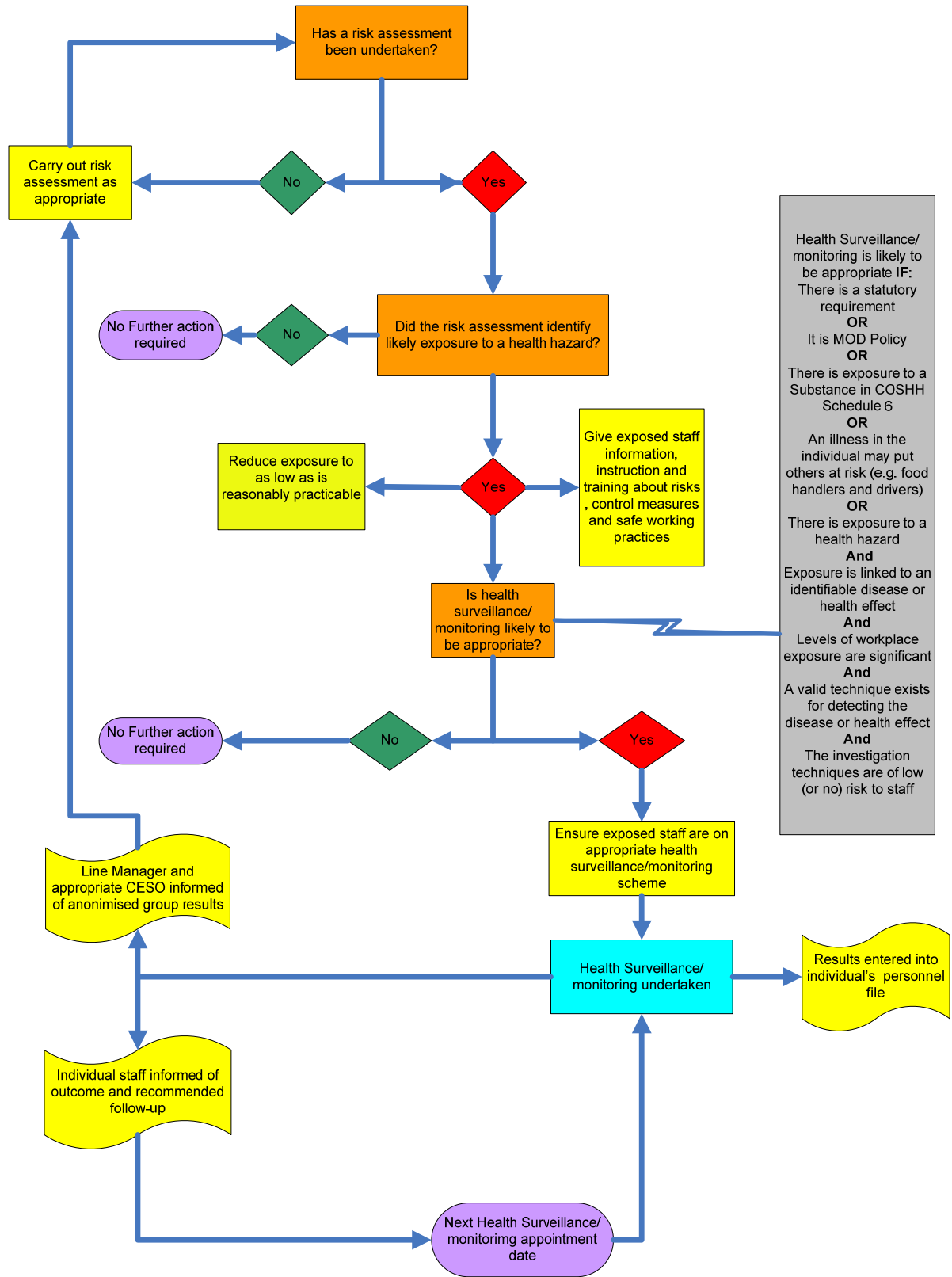
JSP 375 Volume 2:

- a. Leaflet 4 – Manual Handling
- b. Leaflet 5 – Control of Substances Hazardous to Health
- c. Leaflet 35 – Working with Young People
- d. Leaflet 39 – Health and Safety Risk Assessment
- e. Leaflet 54 – Asbestos Management in Non-Domestic Properties
- f. Leaflet 55 – Retention of Records

Legislation and Guidance:

- a. Management of Health and Safety at Work (Amendment) Regulations;
- b. HSE Free Leaflet – INDG304 “Understanding Health Surveillance at Work – An Introduction for Employees”;
- c. Control of Substances Hazardous to Health Regulations
- d. Control of Asbestos Regulations;
- e. Work in Compressed Air Regulations;
- f. Health and Safety (Display Screen Equipment) Regulations;
- g. Diving Operations at Work Regulations;
- h. Food Hygiene Regulations;
- i. Ionizing Radiation Regulations;
- j. Control of Lead at Work Regulations;
- k. Working Time (Amendment) Regulations (Night Shift Workers);
- l. Control of Noise at Work Regulations;
- m. Control of Vibration at Work Regulations;
- n. Motor Vehicles (Driving Licenses) Regulations (Vocation Driving);
- l. Managing Shift Work and Guidance - HSG256

HEALTH SURVEILLANCE/MONITORING FLOW CHART



RESTRICTED STAFF (When completed)

**MOD 5051
(Intro 01/2010)**

Personal Exposure and Health Surveillance/Health Monitoring Record

Service//Staff No. <input style="width: 100%;" type="text"/>	Rank/Rating/Grade <input style="width: 100%;" type="text"/>	National Insurance Number <input style="width: 100%;" type="text"/>	Branch/Trade <input style="width: 100%;" type="text"/>	Address (if civilian) <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Surname <input style="width: 100%;" type="text"/>		Forenames <input style="width: 100%;" type="text"/>		
Date of Birth <input style="width: 100%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Engagement <input style="width: 100%;" type="text"/>		Post code: <input style="width: 100%;" type="text"/>

Record of work involving exposure to hazards requiring Health Surveillance/Health Monitoring

TLB/Regt/Corps/ Command/	Ship/Unit/Station/ Establishment	Location of Employment	Job Title	Hazards Involved	Work Start Date	Work Finish Date

RESTRICTED STAFF (when completed)

Health Surveillance/Health Monitoring Record

Date	Type of Surveillance	Result	Recommendations	Signature

RESTRICTED STAFF (when completed)