



## Health & Safety Health Surveillance Policy

Version	4.0
Version date	September 2024
Review date <sup>1</sup>	September 2027
Authorised signature	Sean Hughes, Head of Health & Safety

<sup>1</sup> or earlier if change in legislation or on risk assessment

### Amendment Control

Version	Date	Amendments
1.0	Dec 2011	EA Young
2.0	Apr 2016	
2.1	Jul 2016	
2.2	Sep 2016	
2.3	Aug 2017	
2.4	Jan 2018	
3.0	Aug 2023	B Rennie
4.0	Sep 2024	Page 10 Noise Audiometry

# Policy Contents

1.	Introduction .....	3
2.	Why health surveillance and monitoring .....	4
3.	Is health surveillance/monitoring compulsory? .....	4
4.	Different types of health surveillance and monitoring .....	4
5.	Common examples of health surveillance/monitoring .....	5
6.	Risk assessments and hierarchy of risk control .....	6
7.	Health/medical surveillance guidance tables .....	8
8.	Health monitoring guidance table .....	13
9.	Action following health surveillance and monitoring .....	16
10.	Responsibility for identifying requirements .....	16
11.	Health referrals .....	18
12.	Records of health surveillance .....	19
13.	Monitoring and review .....	20
14.	Useful links .....	20

# 1. Introduction

This document sets out how Edinburgh Napier University confirms through health surveillance and health monitoring that its use of certain hazardous products, agents, equipment and materials does not cause harm to staff and others. Where there is a possibility of harm occurring health surveillance and monitoring seeks to detect symptoms as early as possible.

The document primarily considers guidance set out by legislation. Where legislation does not directly require health surveillance, the document considers that which is advised on the basis of **good practice**, most often as advised by the Health and Safety Executive (HSE).

For the purposes of this document, where 'health surveillance' is mentioned, it also includes 'medical surveillance' as required by law (e.g. certain hazards such as [asbestos](#), [lead](#), and [ionising radiation](#)). The main health risks which require health surveillance include [noise](#), [vibration](#) and manual handling, but may include other health risks and this will be subject to a risk assessment.

As indicated above, the University has a variety of activities and hazards that, if not properly controlled, could pose a risk to a person's health. These risks can come from hazardous chemicals, inhaling minute particles in the air, through contact with certain animal fur or excrement, and by exposure to high levels of vibration or noise.

In most cases exposure to trace quantities of many toxic or irritant substances will cause harm only if exposure occurs sufficiently frequently, though it is noted that health surveillance may be appropriate even if very small or infrequent exposure to hazardous substances is known to pose a potent risk to health, such as may occur with powerful respiratory sensitizers, recognised carcinogens (i.e. those listed Schedule 6 and used outside of manufacturing process) or highly active biological agents/toxins (such as cytotoxic drugs and neurotoxins).

Health surveillance is carried out to look for health conditions which can arise as a result of work. The purposes of health surveillance are:

- a) To enable early identification and diagnosis of work-related conditions in individuals, so that additional measures can be put in place to prevent deterioration and promote recovery (where a valid scientific test exists for this purpose) and before they can cause problems.
- b) To check whether general measures put in place to prevent work related health conditions are adequate.
- c) To create an opportunity for training and education of employees regarding the risk of specific work-related conditions.
- d) To create an opportunity for individuals to discuss concerns about work related ill-health.
- e) To obtain, use, keep up to date and retain data and information for determining and evaluating risks to health, including on commencement and following cessation of employment.

Health surveillance is about systematically looking for early signs of work-related ill health in employees to ascertain the health risks so that measures can be taken to protect their health. It is not a substitute for controlling risks at work.

Where it is considered that health surveillance or health monitoring may be required, the relevant School or Service will be asked to re-risk assess their activity to identify current control measures, potential for exposure, length of time and extent of exposure, and to identify whether an alternative method or substance can be used so as to reduce the risks.

For all staff who require health surveillance, information in the form of Safe Operating Procedures and Risk Assessments will be required by the Occupational Health Practitioner.

## 2. Why health surveillance and monitoring

The University carries out many activities that, were they not suitably controlled, could pose a risk to the health of an individual. Controls are normally identified via risk assessment and are monitored accordingly. Some activities can have a higher than normal level of residual risk, as every person reacts differently to exposure, and some scenarios may need to be monitored. Therefore, where there is a higher than normal level of residual risk to health and where there is a credible health assessment method for identifying early signs of potential harm, health surveillance or monitoring may be implemented.

## 3. Is health surveillance/monitoring compulsory?

**All health surveillance is compulsory**, as it is implemented with direct reference to legislation and/or required in order to safeguard the individual.

**Some health monitoring is not compulsory and is offered as reassurance.**

In some cases pre-start health surveillance or measurements will be required and for certain occupations, a 'leaving' health assessment will also be necessary - the former undertaken to provide a baseline indicator and the latter to confirm health status at the time of leaving employment/research study.

## 4. Different types of health surveillance and monitoring

**Health Surveillance** is normally a **statutory health assessment** or relates specifically to a known well- documented risk such as: work with COSHH Schedule 6 chemicals; use of vibrating equipment; exposure to high levels of noise; exposure to animal allergens; and group 1 and 2 drivers. Health Surveillance will mostly take the form of a face-to-face consultation with an Occupational Health specialist or via a health questionnaire. Sometimes a combination of both is used.

**Health Monitoring**, for some types of work, is recognised '**good practice**' to ensure an individual is fit for the role they are employed to undertake and to ensure their health is not likely to be prejudiced. It tends to relate either to a single 'risk' activity or multiple activities that have a known potential to cause harm to an individual, if not suitably controlled, or that individual may

pose a risk to themselves or others due to their own health condition. Such scenarios could include night workers and food handlers. Health monitoring in some of these cases can often be undertaken locally, by line managers or via a questionnaire.

The frequency of health surveillance and monitoring should reflect the level of risk and likelihood and can take different forms on a rotating basis e.g. health surveillance may involve a face to face consultation and tests every other year, with a health surveillance questionnaire distributed in-between.

Health surveillance and health monitoring can take the form of: respiratory questionnaire, lung function tests (where there is a discernible risk to a person's respiratory system or thyroid), eyesight tests, hearing tests, skin health questionnaire, hand/arm pain and discomfort questionnaire (vibrating equipment), night workers' questionnaire, driver health assessment/questionnaire, blood samples, and/or face to face discussions. Tests and questionnaires will be tailored to the risks and staff potentially exposed to risks.

## 5. Common examples of health surveillance/monitoring

Health surveillance/monitoring is required when a **risk assessment** identifies a potential risk or risks of a work activity which poses a significant threat to the health of workers through exposure to specific issues. Examples of such work **may** include:

- exposure to hazardous substances (COSHH regulations)
- work with respiratory sensitizers
- work with biological agents which may cause human disease
- use of specific chemicals
- fumes, dusts and other substances hazardous to health, e.g. welding fumes
- work causing excessive noise and/or vibrations to workers
- specific high hazard exposures to asbestos, lead, ionising radiation or working in compressed air
- work at height
- laser use
- pregnant workers
- University vehicle drivers
- night work
- confined spaces – use of respirators
- display screen equipment (Regulations offer eye tests every 2 years if requested)

Schools and Services are required to firstly review or complete their risk assessments, identifying any potential risk to a person's health. If a level of risk is identified the hierarchy of risk control should be employed. Normally, only if there is a residual level of risk or legislation requires, should health surveillance or monitoring be considered. In some cases health monitoring may be undertaken in order to safeguard the person and the institution.

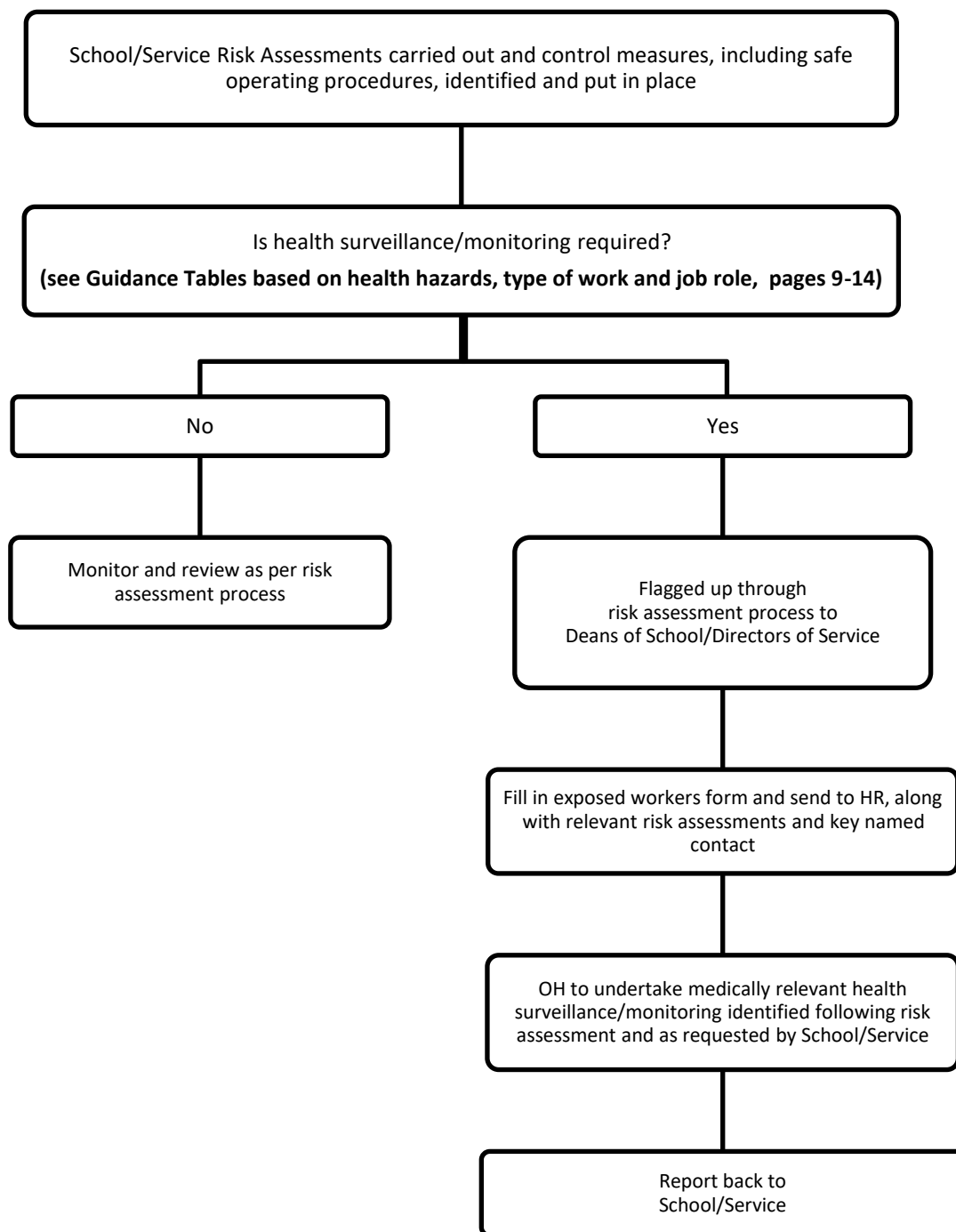
**NB: it is the responsibility of the Line Manager to ensure all risks are adequately assessed and that OH is notified of anyone that may require Health Surveillance (as below). Health Surveillance is NOT a substitute for adequate risk assessment or other control measures that should be in place to mitigate the risk to the individual.**

## **6. Risk assessments and hierarchy of risk control**

Risk assessments should always seek to implement a hierarchy of risk control through elimination, substitution, separation, reduction, extraction, training, standard operating procedures and personal protective equipment (PPE). Risk assessments must always be the first action prior to considering health surveillance or monitoring.

Health surveillance and health monitoring are not the norm and are typically only ever provided where there is an evidential method of assessing health impact, or confirming otherwise, and there is a measured residual risk from an activity. Few members of staff or post-graduate research students will require health surveillance or health monitoring.

Health surveillance and health monitoring are related directly to workplace activities and risks. Such should not be confused with General Health Checks which are offered, from time to time, by the University and local GPs.



All risk assessments must be reviewed and approved on an annual basis to ensure activities being carried out remain the same and that the control measures put in place to protect employees remain suitable and sufficient. Any changes in the work activity will require the risk assessment to be updated and communicated to those involved. At this point, the existing health surveillance provision needs to be reviewed to ensure the health surveillance provisions remain current. The tables below offer guidance on health surveillance and health monitoring that may be required if, after the risk assessment process, it is still deemed a requirement.

## 7. Health/medical surveillance guidance tables

Health surveillance is a monitoring tool which checks out the effectiveness of health and safety control measures by detecting the early signs of work-related ill health amongst staff who are exposed to certain types of risks. Where health surveillance has been identified as being required then staff must comply with the policy.

**N.B. Some job roles will require health surveillance before commencement of duties.**

On joining the University, all staff are required to complete a **Health Assessment Questionnaire (HAQ)**. This will look at the social/occupational and medical history of the individual, any issues highlighted will be addressed by occupational health provider by means of a telephone call and the timing of any subsequent reviews or medicals will be determined by the OH provider.

Shortly after joining, all staff who are DSE users are required to complete **an internal self-assessment for DSE for their workstation** and thereafter on an annual basis. Any issues raised will initially be addressed by the line manager, where this cannot be resolved, then further OH assistance may be required.

Thereafter each School/Service needs to carry out a **Health Risk Assessment (HRA)** to identify what aspects require health/medical surveillance for all their staff to ensure that the workplace **health hazards** are being suitably managed for the job role they are performing.

The Health Risk Assessment needs to consider:

- The identification of all potentially significant health hazards present, or likely to be present.
- An assessment of the controls currently in place for each hazard, including their suitability for ensuring ill-health prevention, so far as is reasonably practicable.
- A comparison of existing controls with recognised good practices, including suggestions for reasonably practicable improvements or actions to better estimate likely hazardous exposures.

As a guide the following table lists the identified job roles that require health/medical surveillance based on the hazards they work with or the type of work being carried out. (Note: This list of job roles is not exhaustive).



Employee Job Role	Health Risk Assessment (HRA) by School/Service to identify what aspects require health/medical surveillance using the following criteria – to be assessed on an annual basis							
	Noise - Audiometry test	Respiratory function test	Skin analysis	Vibration - HAVS Tier 2 (paper screening)	Occupational Vision test (incl. depth perception, colour blindness and field of vision, DSE)	Manual handling - Musculoskeletal assessment	Night working	Other criteria to be considered – Confined space, diving, working with lead, working at height – must be specified
Porters			Y		Y (if they drive between Campuses or plant)	Y		
Maintenance Workers	Y	Y	Y	Y (if applicable)	Y (if they drive between Campuses or plant)	Y		
Electricians					Y (colour blindness)	Y		
Catering staff		Y	Y			Y		
Security staff					Y (if they drive between Campuses or plant)	Y	Y	
Workshop staff / Technicians	Y	Y	Y	Y (if applicable)	Y (colour blindness)	Y		
Print room staff	Y		Y			Y		
Cleaners			Y	Y		Y		
Welders	Y	Y	Y	Y	Y (colour blindness)	Y		Heat stress from welding activities
Radiation Protection Advisor	Subject to a separate <b>Radiation Medical approved by HSE on an annual basis</b> , however other aspects above may require further health / medical surveillance							

Medical surveillance is defined in certain regulations, you must use medical surveillance where there could be exposure to certain high hazard substances or agents. A doctor appointed by the HSE must do the medical surveillance, except for some lower risk asbestos work. This includes work with asbestos, lead, ionising radiation, compressed air and COSHH.

## Legislative requirements for health surveillance

Regulations that specifically identify health surveillance and the situations where such surveillance is deemed appropriate that are most relevant to the University's areas of work and activities are given in the health surveillance guidance table. Other current regulations that specifically identify health surveillance are:

- The Control of Substances Hazardous to Health Regulations ACOP & Guidance
- EH40 Workplace Exposure Limits (annually updated)
- Control of Noise at Work Regulations
- Management of Health and Safety at Work Regulations
- The Control of Asbestos at Work Regulations
- The Control of Lead at Work Regulations
- The Ionising Radiation Regulations
- The Control of Vibration Regulations
- Confined Spaces Regulations
- Working Time Regulations

Hazard	Type of work involved	Surveillance carried out
<b>Noise</b> <b>Audiometry</b> <i>Compulsory</i>	<p>Statutory health surveillance for staff regularly exposed to between 80-85dBA and identified as being sensitive to noise reduced hearing loss.</p> <p>Work which exposes the user to noise levels exceeding 85dBA (averaged over a working day).</p>	<p>Enquiry about symptoms, inspection of ears, audiometry hearing tests carried out:</p> <ul style="list-style-type: none"> <li>- new starter (baseline)</li> <li>- annually for 2 years (i.e. 3 times)</li> <li>- then every 3 years thereafter as recommended by the HSE or unless there is a change in hearing of employee</li> </ul> <p>- Note: Where Noise Induced Hearing Loss (NIHL) is suspected and the assessment indicates a further review, the HSE have stipulated this will require referral to an appropriately qualified doctor (i.e. an Occupational Health Physician [OHP])</p>
<b>Skin</b> <b>Chemicals/substances causing skin irritation</b>  <b>Skin sensitizers or irritants</b> <i>Compulsory</i>	<p>Potential exposure to skin sensitizers or irritants, identified by COSHH assessment or data sheets.</p> <p>'Wet work' i.e. involving prolonged submersion in water or the need for frequent handwashing.</p>	<p>Baseline on employment, then annually Questionnaire/skin assessment, unless there is a change in the skin condition of employee.</p> <p>Note: Individual has personal responsibility for raising any issues in between times to their manager, Health &amp; Safety or OH.</p> <p><a href="#">HSE – skin at work</a>  <a href="#">HSE – causes of skin disease</a>  <a href="#">HSE – skincare poster</a></p>
<b>Vibration</b> <i>Compulsory</i>	<p>Statutory health surveillance for employee exposed to hand or arm vibration e.g. using grinders, jack hammers, chain saws or pneumatic drills.</p>	<p>Baseline on employment then annually. Health questionnaire (HAVS Tier 2 – paper screening) and medical examination (by external OH provider), unless there is a change in hands or arms of employee.</p>



Hazard	Type of work involved	Surveillance carried out
	<p>A. of lead dust, fume or vapour which is liable to be inhaled;</p> <p>B. in which it is liable to be ingested, e.g. lead powder, dust, paint or paste; and</p> <p>C. of lead compounds which are liable to be absorbed through the skin.</p> <p>The work includes any type of activity including the handling, movement, storage, processing, disposal, repair and maintenance of lead. It is considered vital that all employees who work with lead are referred for frequent health assessments at occupational health.</p>	
<p><b>Radiation</b></p> <p><i>Compulsory</i></p>	<p>Ionizing radiation</p> <p>Non-ionizing radiation (laser class 3R, 3B and 4 laser)</p>	<p>Enquiry about symptoms, medical examination, blood tests – needs to be <b>undertaken by HSE specialist doctor.</b></p> <p>Specific laser vision screens by appointed optometrist.</p>

Managers must advise staff who work in these environments that they will be subject to health surveillance, ideally on appointment, but at least each time before they are called to Occupational Health.

## 8. Health monitoring guidance table

For some types of work, it is recognised '**good practice**' to ensure an individual is fit for the role they are employed to undertake and to ensure their health is not likely to be prejudiced by any role they may be required to undertake. The table below summarises the most commonly occurring issues in the University.

Type of work	Standard required	How this is assessed
<p><b>All work – new starters</b></p> <p><b>Pre-employment check</b></p>	<p>Ability to carry out particular role without risk to self or others.</p>	<p>New starter declares if they have an underlying disability (not what it is to protect confidentiality) and indicate if there are any adjustments they may need. All new employees complete HR Health Assessment Questionnaire (HAQ) which is then assessed confidentially by OH. ENU provides new starter with details to complete the HAQ process (dependent on provider).</p> <p>The emphasis is on making reasonable adjustments to suit the individual, in accordance with the requirements of the Equality Act.</p> <p>New starters with any identified need for medical assessment e.g. hearing tests, Fork Lift Truck driver, will be picked via a separate risk assessment conducted by the School/Service.</p>
<p><b>Food Handling</b></p>	<p>The following principles should be applied as part of a food preparation and risk management strategy:</p> <ul style="list-style-type: none"> <li>– management commitment and supervision</li> <li>– good facilities</li> <li>– education and training</li> <li>– health reviews</li> <li>– reporting illness to management</li> <li>– applying basic food handling practices and systems</li> <li>– applying basic personal hygiene practices</li> <li>– food risk assessments recorded</li> </ul>	<p>Pre-employment questionnaire should be used and be directed towards the identification of excreters, whether clinically well or symptomatic, of organisms of importance in food safety.</p> <p>Questionnaire should also be used following a period of absence from work due to sickness or a holiday in a country or place in which an epidemic of gastroenteritis has been reported.</p> <p>Staff should be instructed, as part of their food handling training, on self-examining skin for any unusual signs that might indicate exposure and to report any concerns to a responsible person.</p> <p>Note: Individual has personal responsibility for raising any issues in between times to their manager, Health &amp; Safety or OH</p> <p><a href="#">HSE – skin at work</a></p> <p><a href="#">HSE – skincare poster</a></p>
<p><b>Night work</b></p>	<p>A risk assessment must be carried out for all night working by the School/Service.</p> <p>All employees who undertake 3 hours of night work on a regular basis, including all shift work,</p>	<p>Pre-start health questionnaire, then annual health questionnaire - follow up by OH where indicated or where fitness to work is required.</p> <p>Staff can request a referral is made to OH for further assessment due to health concerns.</p>

Type of work	Standard required	How this is assessed
	<p>must be offered a health assessment.</p> <p>Main purpose is to identify any conditions that mean working nights poses a risk.</p>	<p>Employees do not have to undertake a health assessment.</p>
<b>Working at height</b>	<p>School/Service risk assessments.</p>	<p>If required a specialised medical to consider specific pre-existing medical conditions, e.g. uncontrolled epilepsy or uncontrolled diabetes.</p>
<b>Manual handling</b>	<p>Manual handling assessments, as part of the Schools/Service risk assessment process, carried out for manual handling tasks.</p>	<p>EssentialSkillz manual handling package Manual handling training/assessments Referral to Occupational Health, if required</p>
<b>International travel</b>	<p>All travellers must complete the required university travel documentation, a risk assessment and completion of Gardaworld documentation.</p> <p>Must be vaccinated according to the health risks in host country</p>	<p>No vaccines offered at Edinburgh Napier. Individual must see either own GP or specialist travel clinic, such as <a href="http://www.masta.org">www.masta.org</a>. Employees can claim costs back via expenses.</p>
<b>Computer Work ("DSE/ VDU")</b>	<p>All DSE users must complete the online DSE assessment in the first instance.</p>	<p>Annually or change to workstation / workplace.</p> <p><a href="#">Online DSE assessment</a> must be completed by all staff annually or if there is a change to their workstation/workplace.</p> <p><b>Any issues identified should be addressed by the Line Manager, e.g. desk arrangements, lighting, seating, etc. However if there is a health aspect that needs addressing the line manager should make a referral to HR for an occupational health assessment.</b></p> <p>Referral to Occupational Health for a formal assessment may be recommended from the workstation assessment.</p>
<b>Welding activities - exposure to welding fume as an asthmagen</b>	<p>Health surveillance must be provided when welding stainless steel, where a known asthmagen, for example chromium, is present in the fume. You should do this unless the risk assessment has shown there is not a reasonable likelihood of developing asthma.</p> <p>If you have any relevant symptoms, seek advice from a competent person, such as an occupational health provider.</p>	<p>Asthma health surveillance should include:</p> <ul style="list-style-type: none"> <li>▪ a baseline questionnaire and spirometry</li> <li>▪ a further questionnaire at 6 and 12 weeks post start of work (this period may vary)</li> <li>▪ an annual questionnaire and spirometry</li> </ul> <p>(by external OH provider)</p>

Type of work	Standard required	How this is assessed
<b>Exposure to welding fume as a carcinogen</b>	Maintain an individual health record for all those exposed to welding fume, where the health effect is cancer.	

## 9. Action following health surveillance and monitoring

During or following the completion of a face-to-face consultation with the Occupational Health Practitioner the person receiving surveillance or monitoring will receive verbal feedback and appropriate summary information provided. Where a concern or anomaly has been identified the Occupational Health Practitioner will discuss the next course of action with the person and will advise Human Resources that further investigation is required.

Following completion of 'batches' of health surveillance or monitoring, normally per School/Service or 'at risk' staff group, the Occupational Health Practitioner may summarise the findings and provide a short report.

If at any point the Occupational Health Practitioner has a concern emanating from the health surveillance or monitoring they shall take appropriate action and where necessary discuss with other relevant occupational health specialists or professionals. In rare cases referral to an Occupational Health Physician or other clinical specialist may be required on agreement with Human Resources.

If the Occupational Health Practitioner deems it necessary the member of staff or post-graduate researcher may be required to cease exposure to what may be causing an adverse health effect. Such a decision will be relayed to the relevant Dean of School/Director of Service immediately and confirmed with Human Resources, if appropriate.

The Occupational Health Practitioner may temporarily suspend a work activity whilst further investigations and assessments are being undertaken. A suspension of work activity is not an acceptance that workplace risk has caused any harm as removal from the potential risk is considered good practice whilst further tests or assessments are undertaken.

## 10. Responsibility for identifying requirements

Organisations must ensure that there are robust systems in place to identify all individuals requiring health surveillance bearing in mind that this may include employees, research students and academic visitors. Generally, whoever undertakes the risk assessment for the work is responsible for identifying the need for health surveillance. In research work this may mean the Principal Investigator (PI), the laboratory manager, or other manager. They must ensure they have sufficient knowledge of the risks generated by their work or should seek specialist advice from Health & Safety or Occupational Health advisers. The requirement for health surveillance and a health (exposure) record must be stated clearly in the risk assessment or code of practice for the work. Deans of School/Directors of Service must ensure that anyone undertaking risk assessments understands this responsibility.

Each School/Service is responsible for considering the potential need for health surveillance or monitoring as part of their risk assessment process, making reference to this document.

**Where there are known hazards and risks that may require health surveillance or monitoring, the School/Service Safety Co-ordinator is asked to make contact with Health & Safety to discuss their risk assessment findings.**



## **Actions to be taken by:**

### **Deans of School and Directors of Service**

Deans of Schools and Directors of Service are responsible for:

- Ensuring that competent, suitable and sufficient number of staff are appointed and trained as risk assessors within their area of responsibility.
- Ensuring that staff undertake appropriate risk assessments and implement appropriate control measures for all work which poses a significant risk to the health of workers.
- Ensuring that appropriate health surveillance is identified and undertaken where necessary.
- Ensuring appropriate resources are made available for undertaking health surveillance.
- Ensuring that relevant staff attend appropriate health surveillance sessions.
- Immediately advise Health & Safety of any event resulting in the accidental release of, or exposure to, substances hazardous to health. Health & Safety will then assess the situation and process accordingly.

### **Supervisor**

As part of the University's risk assessment procedure, Occupational Health will undertake health surveillance in conjunction with access to risk assessments.

The supervisor of the work should:

- Ensure that suitable and sufficient risk assessments of the work are carried out in line with University procedures and identify where health surveillance is required. ([Risk Assessment Form](#))
- Identify all workers who may require health surveillance.
- Ensure that workers receive appropriate health surveillance from the Occupational Health Adviser.
- Ensure that workers comply with any guidance issued by the Occupational Health Adviser.
- Discuss any health surveillance requirements with the Occupational Health Adviser, based upon risk assessment.

### **Individual**

Individuals identified by a risk assessment who require statutory health surveillance must:

- Attend any health surveillance sessions required by a specific risk assessment.
- Follow any health surveillance instructions issued by their Supervisor and/or the Occupational Health Adviser.
- Not put their health or the health of others at risk by any of their actions or omissions.

### **Occupational Health Provider**

The University's Occupational Health Provider will:

- Where appropriate, on perusal of risk assessments, advise of any available guidance documents and provide advice on appropriate health surveillance for particular risks.
- Undertake or arrange for appropriate health surveillance to be provided.

- Where health surveillance identifies problems with an employee's health due to work, the Occupational Health provider will advise the referrer of this and recommend remedial actions. This may also include a referral for an OH medical opinion.
- Provide recommendations on any need for workplace adjustments to the referrer as appropriate following risk assessment.
- Support any health surveillance training and guidance programmes run by the university.
- Provide statistics relating to health surveillance.

## 11. Health referrals

Staff or research students with health concerns that affect their work or study may be referred to the Occupational Health Service. Conversely, if work or study is affecting a research student or member of staff's health, they may be referred.

- Staff can be referred by their HR Partner with whom managers will need to liaise.
- Research Students can be referred by a member of staff within their school.
- Staff can refer themselves to the Service.

### Staff Referrals (management referral)

Staff can be referred for an assessment where:

- There is concern that they may have work related health problems or that their health is being aggravated by work tasks.
- There are difficulties coping on return after being absent - following a serious illness or injury or due to a disability.
- There may be underlying ill health or disability contributing to performance issues.
- There is long term or frequent sickness absence.

If you are unsure whether a referral is appropriate, please contact HR who will contact the external OH provider for further advice. A management referral form is required. To get the best advice from OH, the referral will need to include enough detail for an appropriate assessment to be made and should contain full details of the individual, their job description, attendance record, an outline of the problem and the advice required.

Staff referrals can be made by your HR Partner so you will need to discuss this with them. The referral and the reasons for it must also be discussed with the member of staff before they are referred so that everyone understands the purpose of the referral.

After the assessment an occupational health report will be provided to the individual, a copy will be sent to the HR Partner and the named line manager with the staff member's consent.

The individual has the right to refuse referral and to refuse consent to the sending of reports, however the individual must be aware that further managerial decisions and actions may have to be made without the benefit of Occupational Health advice.

## **Consent and Confidentiality**

In line with the General Medical Council guidance and ethical standards of practice, prior to the report being issued, the individual will be offered the opportunity to view a draft copy of the report. Consent will be obtained to release the report. If the individual feels that the report contains factually incorrect information this should be highlighted to the OH clinician for appropriate alterations or corrections to be made. The individual cannot insist upon the OH clinician's opinion being altered. OH records are maintained to the same high standard of confidentiality as hospital or GP medical records, and in accordance with Data Protection. An individual's OH record will not be disclosed to anyone else outside OH without the individual's written consent.

## **12. Records of health surveillance**

All records of health surveillance performed at the occupational health unit are strictly confidential. Any specific health detail of an individual's medical record can only be made available to the employer with the written informed consent of the employee to whom the record relates. Records that relate to health surveillance will be kept for at least the minimum time required by relevant and current legislation.

Health surveillance and monitoring records related to an identified harmful chemical, material or activity are normally kept by Human Resources or in Document Archives, for a period of 40 years after the last assessment. These are treated as Health Records and not Medical Records, as they will not contain what is deemed to be personal medical information. Where a person's health surveillance record contains 'medical' information these will be retained by Occupational Health for the statutory period and will not be shared with others outside of the standard medical records and information controls.

Amassed statistics may be used for general health profile information but such will never refer to an individual nor will an individual be identifiable from any such reports.

Staff and research students who have received health surveillance or monitoring can request a copy of their records to take with them to their new employer.

### **Record keeping**

A health record must be kept for all employees under health surveillance. Records are important because they allow links to be made between exposure and any health effects. Health records, or a copy, should be kept in a suitable form for at least 40 years from the date of last entry because often there is a long period between exposure and onset of ill health.

### **What information should be included in health records?**

Individual, up-to-date health records must be kept for each employee placed under health surveillance. These should include details about the employee and the health surveillance procedures relating to them.

Health records are different to medical records in that they should not contain confidential medical information. Health records and medical records must therefore be kept separate to

avoid any breaches of medical confidentiality. Any personal medical information should be kept in confidence and held by the occupational health professional responsible for the health surveillance programme.

### **Medical records**

Medical records are compiled by a doctor or nurse and may contain information obtained from the individual during the course of health surveillance. This information may include clinical notes, biological results and other information related to health issues not associated with work. This information is confidential and should not be disclosed without the consent of the individual.

## **13. Monitoring and review**

This policy and guidance will be regularly monitored and reviewed by Human Resources/Health & Safety to:

- ensure it continues to comply with legislation
- ensure that the guidance is reasonably practicable to implement to all those concerned with health surveillance within the University

## **14. Useful links**

[Risk Assessment Form](#)

[Healthy Working Lives](#)

[Health & Safety Executive](#) (health surveillance)

[Health & Safety Executive](#) (record keeping)

[Health & Safety Executive](#) (workplace exposure limits)

[Health & Safety Executive](#) (Control of Substances Hazardous to Health)

[Health & Safety Executive](#) (occupational health services in higher and further education)

[Higher Education Occupational Physicians/Practitioners](#) (Guidance for the provision of health surveillance in higher education institutions)

### **Road safety**

[Health & Safety Executive](#)

[Gov.uk](#) (Assessing fitness to drive)

[Scottish Occupational Road Safety Alliance website](#)

[RoSPA](#) (road safety advice and information)