Health Surveillance
An Employers Responsibility

Mike Walters
HM Principal Inspector of Health & Safety
Topics to be covered

• The objectives of health surveillance
• Types of health checks
• When is surveillance required?
• Common respiratory risks
• The legal basis for surveillance
• Surveillance under COSHH
• What is suitable surveillance
• Surveillance for lead
• Surveillance for asbestos
• Guidance available
A reminder: The objectives of health surveillance

• To protect workers’ health by identifying adverse changes at the earliest opportunity, via a series of ongoing health checks;

• To help evaluate the measures taken to control exposure to health risks.
Health checks

Be clear about the difference between the types of health checks available:

– Health surveillance – legally required;
– Health monitoring – where adverse health effects are suspected from residual exposure, but as yet unproven;
– Industry best practice – some employers choose to do more than the law requires e.g. musculoskeletal checks;
– Well-being/well-person – these are not legally required or work-related, although there may be benefits to the employer.
Determining when surveillance is required

• When:
  – Health risks have been identified during the risk assessment process, and;
  – The relevant legislation requires it to be carried out.
Commonly encountered respiratory health risks – where HSE would expect surveillance

- Laboratory animal allergen
- Isocyanate paint
- Grain and flour dust
- Colophony-based (rosin) solder fumes
- Metal-working fluids
- Wood dust
- Silica
- Welding fume
- Lead dust or fumes
- Asbestos
Determining what is required
- the legal basis for respiratory surveillance

- The majority of respiratory risks come under the ‘Control of Substances Hazardous to Health Regulations 2002 (as amended)’;
- Lead is subject to the ‘Control of Lead at Work Regulations 2002’;
- Asbestos is subject to the ‘Control of Asbestos Regulations 2012’.
COSHH – Regulation 11 requires

- Medical surveillance for workers exposed to substances, and engaged in processes, listed in Schedule 6, where it is reasonably likely that a disease/adverse effect will result.
  - e.g. vinyl chloride monomer, pitch;
- Medical surveillance is carried out by an HSE Medical Inspector, or a doctor appointed by HSE;
- Frequency – intervals of not more than 12 months, or at shorter intervals as required by the doctor.
For other substances hazardous to health (i.e. not the subject of Schedule 6):

– Suitable health surveillance is required, where the following 3 criteria are met:
  a. An identifiable disease/health effect is related to exposure to a substance hazardous to health;
  b. The disease/health effect is likely to occur in the particular conditions of work, and;
  c. There is a valid technique for detecting it.
An example where health surveillance IS required

• Occupational asthma or allergic extrinsic alveolitis can arise from the use of metal working fluids – a. is therefore met;

• A lathe operator is exposed to mist from metal working fluid due to inadequate ventilation – b. is therefore met;

• There are valid techniques for identifying the associated respiratory diseases - c. is therefore met.
Examples where health surveillance IS NOT required

- The work in the above example is carried out by a robot in a fully enclosed and ventilated enclosure;
- A worker carrying out a highly repetitive task, is at risk of developing work-related upper limb disorder. Surveillance is not required because there is no valid means of detecting WRULD, however employers may choose to enquire about symptoms. (This is not a respiratory example, but it demonstrates the point!)
- Carcinogen exposure – there is no valid technique for detecting early symptoms – Record only required.
What is ‘suitable’ surveillance under COSHH?

High level surveillance is required when workers are exposed to a subject known to cause respiratory ill-health e.g. sensitisers with the risk phrase R42, or where there is a confirmed case of asthma.

It can comprise:

– Enquiries about symptoms and spirometry, at appropriate intervals, by a suitably qualified person e.g. an occupational health nurse;
  • Baseline prior to exposure;
  • Repeated annually;

– A health record must be kept for each individual under surveillance.
What is ‘suitable’ surveillance? - continued

Low level surveillance is required when:
– There is only occasional or potential exposure to a respiratory sensitiser;
– Control is adequate.

This can be carried out by an ‘in-house responsible person’ trained and supported by a health professional.

It can comprise a respiratory questionnaire at appropriate intervals.

A health record must be kept.
Additional requirements

- Exposure to isocyanate paint – in addition to respiratory surveillance, biological monitoring in the form of urine sampling is the standard agreed with MVR industry.
- Exposure to respirable crystalline silica – may also require the provision of a chest x-ray.
Health surveillance for lead workers

• Required under Regulation 10 of the Lead Regulations where:
  – The exposure of the employee is, or is liable to be, significant;
  – The blood or urinary lead concentrations of the employee equals or exceeds the levels stated in the regulations (depends on age and gender);
  – A relevant doctor certifies that the employee should be under surveillance;
  – And the technique is of low risk to the employee.
Health surveillance for lead workers - continued

The surveillance comprises:

- Medical surveillance by an HSE Medical Inspector, or a doctor appointed by HSE under the Lead Regulations;
- Surveillance should be carried out prior to exposure to lead;
- Repeated at intervals of <12 months or as specified by the doctor;
- Biological monitoring at appropriate intervals as specified in the regulations (dependent on age and gender);
- Completion of a health record.
Health surveillance for asbestos workers

Required under Regulation 22 of the Asbestos Regulations.

Comprises:

– Medical surveillance at intervals specified in the regulations (depending on whether the work is licensable or non-licensable);

– Completion of a health record.
Retention of health records

Records completed for surveillance completed under COSHH, the Lead and Asbestos Regulations are to be kept for:

40 years
Guidance available

- G402 ‘Health surveillance for occupational asthma’ – provides guidance on high and low level surveillance.
- G404 ‘Health surveillance for those exposed to respirable crystalline silica’.
- G408 ‘Urine sampling for isocyanate exposure measurement’.
- [www.hse.gov.uk/health-surveillance/resources.htm](http://www.hse.gov.uk/health-surveillance/resources.htm) provides links to information on industry specific surveillance.