

## HEALTH SURVEILLANCE POLICY

|                                       |  |
|---------------------------------------|--|
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| Relevant Staff Group:                 | All Trust Staff                              |

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## DOCUMENT CONTROL

|  |   |                          |   |
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| <b>Reference</b><br>AS/Aug15/HSP   | <b>Version</b><br>1                           | <b>Status</b><br>FINAL   | <b>Author</b><br>Head of Corporate Business |
| <b>Amendments</b>  | New document                                  |                          |   |
| <b>Document objectives:</b> The policy sets out the arrangements for ensuring all relevant employees are offered the opportunity to access health surveillance in line with statutory regulations to remove and/or minimise known workplace risks. |   |                          |   |
| <b>Intended recipients:</b> All Trust Staff  |   |                          |   |
| <b>Committee/Group Consulted:</b> Health, Safety and Security Management Group   |   |                          |   |
| <b>Monitoring arrangements and indicators:</b> Health, Safety and Security Management group will monitor Health Surveillance for the Trust.  |   |                          |   |
| <b>Training/resource implications:</b> Training of Health Monitors and upskill managers to ensure referral routes are clear if a risk presents itself and managers.  |   |                          |   |
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| <b>Contact for review</b>  | Head of Corporate Business                    |                          |   |
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### CONTRIBUTION LIST – Key individuals involved in developing document

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## **1. INTRODUCTION**

- 1.1 Somerset Partnership NHS Foundation Trust is committed to ensuring the health, safety and welfare of all employees and sufficient health surveillance.
- 1.2 Repeated uncontrolled exposure to some health hazards, such as toxic chemicals, excessive noise and dust, can result in chronic ill health to members of staff. Health Surveillance allows the Trust to ensure the controls are effective by providing an opportunity for early identification of signs of ill health.
- 1.3 Carrying out health surveillance helps the Trust to fulfil the requirements of the Health and Safety at Work Act, Management of Health and Safety at Work Regulations (MHSW 1999) and the Control of Substances Hazardous to Health (COSHH 2002).
- 1.4 The policy sets out arrangements and defines duties and responsibilities for suitable surveillance should a health surveillance programme need to be instigated by the Director of Governance and Corporate Development.

## **2. PURPOSE AND SCOPE**

- 2.1 Health surveillance puts in 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.
- 2.2 The benefits associated with health surveillance include:
  - 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 by giving feedback on risk assessments and proposing further actions;
  - providing data to detect and evaluate health risks ;
  - training staff in safe and healthy working practices;
  - improve feedback and communication with staff about health and safety risks and promote healthy behavior, both within and outside the workplace.
- 2.3 This policy applies to all who may be exposed to work-related health risks in line with Management of Health and Safety at Work Regulations (MHSW 1999) and the Control of Substances Hazardous to Health (COSHH 2002).
- 2.4 This document will also assess when and where health surveillance is not required. Health surveillance will not be required where it has been assessed there is no exposure or where the exposures that do take place are so rare, short and slight that there is only minimal risk of the employee being harmed. Surveillance cannot be carried out for all activities as in some cases there is no valid way to detect ill health, e.g. stress.

- 2.5 There are no specific legal requirements for health surveillance for exposure to some health risks, such as manual handling or work which result in stress related disorders.
- 2.6 There may be also be employees who are working circumstances which are not covered by specific regulations that mandate health surveillance but who are considered to have a health risk to exposure to a hazard in the workplace. In these latter circumstances Health Surveillance will be required if:
- there is an identifiable disease or adverse health effects which may be related to exposure;
  - there is a reasonable likelihood the disease or effect may occur under the particular conditions of work;
  - there are valid techniques for detecting the disease or effect at an early stage.
- 2.7 These three criteria restrict the situations where health surveillance is required. In the event these criteria are met, the Trust is under a legal obligation to conduct health surveillance.

### **3. DUTIES AND RESPONSIBILITIES**

- 3.1 The **Chief Executive** is accountable for the health, safety and welfare of the workforce of the Trust.
- 3.2 The **Director of Human Resources and Workforce Development** is responsible for the service delivery and management of the Occupational Health provision which supports the Health Surveillance programme.
- 3.3 The **Director of Governance and Corporate Development** is responsible for the strategic development of the Health Surveillance programme in line with statutory requirements and for instigating a health surveillance programme in discussion with senior colleagues.
- 3.4 The **Head of Corporate Business** is responsible for the management and implementation of the Trust wide risk assessment process and actions to minimise any further risks to the health of the workforce.
- 3.5 **Trust Senior Managers** are responsible for:
- ensuring the effective implementation of this policy and encouraging improvements in their area of responsibility;
  - arranging environmental monitoring, surveys or reports and responding to adverse findings;
  - responding to adverse findings reported by Occupational Health following health surveillance.
- 3.6 The **Occupational Health/Well at Work Service**:

- provides advice and information on health surveillance/monitoring;
- carries out health assessments and provide reports;
- retains all relevant records;
- liaises with the Risk Department on incidents reportable under the RIDDOR regulations;
- make reports to the Trust as required.

3.7 The **Human Resources Department** monitors sickness absence records for issues related to work-acquired health problems

3.8 **All Staff** have a responsibility to:

- take reasonable care for the health and safety of self and others;
- co-operate with any requirements for health surveillance or monitoring;
- report any significant symptoms of ill health directly related to their work;
- comply with safe systems of work, training or other safety instructions.

3.9 **Local Health and Safety Monitors** will offer assistance and advice to managers in identifying workplace risks and where necessary signpost them towards the Trust's Competent Health and Safety Advisor.

#### 4. EXPLANATION OF TERMS USED

4.1 **COSHH**: Control of Substances Hazardous to Health. Hazardous substances can be chemicals, solvents, fumes, dusts, gases and vapours, aerosols, biological agents (micro-organisms).

4.2 **Health screening**: A programme designed to evaluate the health status and potential of an individual. This may include personal and family health history and where appropriate, physical examination and/or diagnostic testing.

4.3 **Health Surveillance**: Systematic, regular and appropriate procedures that detect early signs of work-related ill health among staff exposed to particular health risks; and acting on the results.

4.4 **Medical surveillance**: Clinical examinations undertaken by a doctor looking for a specified reaction.

4.5 **Responsible person**: an individual with basic training which renders them able to examine others to check for specific signs of ill health, or checking answers on simple periodic questionnaires about symptoms.

## 5. STRATEGIES FOR HEALTH SURVEILLANCE

### When to carry out health surveillance

5.1 Health Surveillance must be considered when:

- there is an identifiable disease or adverse health outcome;
- the disease or health effect may be related to exposure to a hazard, substance, process or procedure;
- there is a likelihood a disease or health effect may occur as a result of the type of work being undertaken;
- there are valid techniques for detecting indications of the disease or health effects;
- health surveillance can provide accurate results, is safe and practical and is likely to benefit staff

### Assessing the need for health surveillance

5.2 Health surveillance alone will not control exposure to hazards, but will give information to enable appropriate action to be taken to protect staff health. Managers must:

- decide whether there is a hazard to health and identify those staff who may be at risk (consider chemical, biological, and physical agents and work activities);
- a risk assessment must be undertaken to quantify the risks;
- decide if health surveillance is required (it may be a statutory requirement under specific regulations such as COSHH and will probably be required under the Management of Health & Safety Regulations);
- design and implement control measures and undertake health surveillance as per the following action guide.

### Health surveillance risk assessments

5.3 A risk assessment using the Trust Risk Matrix will be carried out to identify risks associated with health in line with statutory requirements. The Risk Assessment will determine the workplace hazards, who are at risk and what measures are in place to control the risk. It is important to remember that Health Surveillance must not be a substitute for controlling health risks at work.

5.4 Key questions which form part of the risk assessment are:

- Is there a hazard to health?
- Is there a significant risk of disease or adverse health effects occurring under the circumstances of exposure?
- Is there a requirement for Health Surveillance under specific Health and Safety regulations, such as noise or vibration regulations?

- Is there a requirement for Health Surveillance under more general Health and Safety Regulations such as MHSWA and COSHH?

### **Health surveillance action guide**

- 5.5 From the risk assessment, the choice of testing for health surveillance is important and must identify the most suitable health surveillance procedures, taking into consideration the type of hazard, degree of risk, likely health effects, affected employees and relevant procedures.
- 5.6 Testing techniques must be:
- **Sensitive:** reliable in picking up, and not missing, cases of disease;
  - **Specific:** able to pick up the disease caused by the exposure of concern;
  - **Easy to perform and interpret:** tests must be easy to conduct at the workplace and not require visits to clinics or hospitals and protracted time away from work;
  - **Safe:** tests must not cause physical harm or unnecessary anxiety;
  - **Acceptable to all parties:** employers, employees, their advisors and occupational health terms.
- 5.7 Union representatives, operational management, health and safety and Human Resources departments must be fully involved before a health surveillance programme begins.
- 5.8 A local manager should be identified to lead on managing the surveillance programme.
- 5.9 Programmes may involve any or all of the following:
- self-checking by the staff themselves or by managers/supervisors for signs of ill-health/disease;
  - periodic inspection/examination by occupational health professionals;
  - medical surveillance by a doctor
  - biological or biological effect monitoring to measure take-up of, or effects of, exposure to substances;
  - baseline health assessments on take-up or change in job;
  - sharing of information with staff and their representatives;
  - record keeping.
- 5.10 All staff will be issued with a certificate which indicates they have attended for a health surveillance assessment of their fitness status.
- 5.11 Human Resources must be informed of any potential risks associated with fitness to work. In the event a member of staff is deemed unfit to work, the normal process in line with the capability process will start as appropriate.



5.12 The health surveillance programme should be monitored over time, constantly evaluating it and the risk assessment to protect staff.

## **6. WHO MAY CARRY OUT HEALTH SURVEILLANCE?**

### **6.1 Self-checks**

- The Trust is responsible for ensuring staff who carry out self-checks for health surveillance purposes are properly trained;
- employees must know how to self-refer if they notice anything which gives them concern;
- self-checks on their own are not sufficient and can only be done as part of an overall health surveillance programme

### **6.2 Checks by a responsible person**

- Individuals designated as a responsible person for making basic checks must be trained by an occupational health doctor or nurse. They may be managers, supervisors or first aiders.
- Responsible persons are able to identify straightforward signs and symptoms caused by working with certain substances or processes;
- Responsible persons must not be expected to diagnose the possible cause of symptoms.

### **6.3 Checks by a qualified person**

- Qualified persons hold recognised health qualifications (nursing or technical) and are able to carry out diagnostic testing procedures.

### **6.4 Clinical examinations**

- All clinical examinations must be carried out or supervised by a doctor. In some cases this is a legal duty (for example for employees exposed to lead); in others the nature of the tests will require the expertise of a doctor to interpret the results and advise on their significance.
- Examination by a doctor is also likely to be necessary where health surveillance by a responsible person or an occupational health nurse has identified possible work-related ill health that requires further investigation, diagnosis and treatment.

## **7. RECORD MANAGEMENT**

7.1 The Trust will keep records of health surveillance it has carried out. Records have to be kept for a protracted period of time, typically 40 years, (but for 50 years for employees exposed to ionising radiation), because the health effects which might arise from exposure could take several years to be fully established.

- 7.2 Records will contain details of those exposed, whether they have attended for surveillance and the results of the health surveillance. Occupational Health records are slightly different and will include the clinical details of health surveillance, such as the actual health tests and measurements made (e.g. lung function, hearing and examination findings).

## **8. TRAINING REQUIREMENTS**

- 8.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

## **9. EQUALITY IMPACT ASSESSMENT**

- 9.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **10. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **10.1 Process for Monitoring Compliance**

Overall monitoring will be by the Regulation Governance Group.

### **10.2 Responsibilities for conducting the monitoring**

The Director of Governance and Corporate Development will be responsible for monitoring the effectiveness of the policy and for reporting concerns or issues to the Executive Management Team.

### **10.3 Methodology to be used for monitoring**

- Incident reporting and monitoring;
- Risk assessment and risk registers.

### **10.4 Frequency of monitoring**

The Regulation Governance Group will receive quarterly reports from the Health, Safety and Security Management Group who will identify recent incidents and areas of concern.

### **10.5 Process for reviewing results and ensuring improvements in performance occur.**

Risk issues and concerns will be escalated to the Executive Management Team as appropriate for consideration, identifying good practice, any shortfalls, action points and lessons learnt. These will be responsible for ensuring improvements, where necessary, are implemented.

## **11. COUNTER FRAUD**

- 11.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **12. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 12.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

|                |                                 |
|----------------|---------------------------------|
| Regulation 11: | Need for consent                |
| Regulation 12: | Safe care and treatment         |
| Regulation 15: | Premises and equipment          |
| Regulation 17: | Good governance                 |
| Regulation 18: | Staffing                        |
| Regulation 19: | Fit and proper persons employed |
| Regulation 20: | Duty of candour                 |

- 12.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

|                |                                 |
|----------------|---------------------------------|
| Regulation 18: | Notification of other incidents |
|----------------|---------------------------------|

- 12.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

## **13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### **13.1 References**

Her Majesty's Government (1974 and amendments). Health and Safety at Work etc. Act 1974. London: Her Majesty's Stationery Office.

Statutory Instruments (1992). Display Screen Equipment Regulations 1992 as amended 2002. London: Her Majesty's Stationery Office as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002.

Statutory Instruments (2005). Control of Noise at Work Regulations 2005. London: Her Majesty's Stationery Office.

Statutory Instruments (2002). Control of Substances Hazardous to Health (COSHH) Regulations 2002. London: Her Majesty's Stationery Office.

Statutory Instruments (2005). Control of Vibration at Work Regulations 2005. London: Her Majesty's Stationery Office.

Statutory Instruments (2011). Ionising Radiations Regulations 2011. London: Her Majesty's Stationery Office.

Statutory Instruments (1999). The Management of Health & Safety at Work Regulations 1999. London: Her Majesty's Stationery Office.

Statutory Instruments (1992). Personal Protective Equipment Regulations 1992. London: Her Majesty's Stationery Office.

Health and Safety Executive (1999). HSG61: Health Surveillance at Work. London: Health and Safety Executive.

### 13.2 **Cross reference to other procedural documents**

Health and Safety Policy

Asbestos Policy

COSHH Policy

DSE (Display Screen Equipment) Policy

Moving and Handling Policy

Prevention and Management of Violence and Aggression (PMVA) Policy

Infection Prevention and Control Policy

First Aid Policy

All current policies and procedures are accessible to all staff on the Trust public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (within Guidelines).

