

Occupational Health Provision and Health Surveillance: Management Briefing

Occupational health provision is concerned with the prevention, monitoring and treatment of work related disease and ill-health. Health surveillance is monitoring carried out work on individuals to check for an identifiable condition, e.g. noise induced hearing loss.

When is health surveillance required?

The Management of Health and Safety at Work Regulations 1999 require that employees are provided with such health surveillance as is appropriate having regard to the risks to their health and safety as identified by the assessment. HSE guidance recommends that such health surveillance is warranted when:

- there is an identifiable disease or health condition related to the work concerned
- it is likely that the disease or condition may occur
- there are valid techniques available to detect if the early signs of the disease or health effect
- these techniques do not pose a risk to employees.

The Control of Substances Hazardous to Health Regulations 2002 contains similar requirements but also require health surveillance where exposure to a specific list of materials is involved. The Approved Code of Practice to the Regulations also lists specific types of work where health surveillance is required under the above criteria.

If employees are exposed to risks from asbestos, radiation, lead, vibration or noise, or artificial optical radiation, health surveillance may be required. If necessary obtain specialist advice.

When exposure or health monitoring is required?

Health monitoring is needed where an employee's fitness for work is a key element of their safety and that of co-workers. Examples are diving and confined space work.

Exposure to specific hazards should be monitored at source periodically, e.g. measurement of noise, monitoring of exposure to fumes and dusts etc.

The purpose of this is to check that exposure is within statutory limits and to assess the level of risk.

Legal duties

The main duties for the management of health risks at work and for health surveillance are contained within:

- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002.

In addition, there are regulations which require health surveillance for particular activities which involve exposure to lead, noise, optical radiation, asbestos, ionising radiation, diving activities and safety critical tasks in the rail industry.

The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) contain requirements for the reporting of certain diseases to the authorities.

Case Law

In 2014, SPS Aerostructures Ltd was prosecuted at Nottingham Crown Court after 24 of the workers developed either hand arm vibration syndrome (HAVS) or carpal tunnel syndrome resulting from vibration exposure. The company was fined £125,000 and ordered to pay over £65,000 in costs.

Recommendations for employers:

- carry out risk assessments to identify work which requires routine exposure monitoring, health monitoring and/or surveillance, obtaining advice as necessary from an Occupational Health provider
- implement a programme of exposure monitoring, if needed, with input from an Occupational Hygienist
- identify health checks to be carried out at the start of employment in a role and periodically throughout employment
- consider what occupational health support may be needed to assist employees returning to work after long term sickness absence
- determine whether the organisation would benefit from health promotion campaigns and other health initiatives (i.e. going beyond the legal requirements)
- monitor sickness absence for illnesses which may be work related, or made worse by work
- implement an occupational health programme to include all of the above items, with input from a competent Occupational Health provider as necessary
- ensure that suitable records of health surveillance and occupational health provision are maintained confidentially and retained for a suitable period (usually at least 40 years)
- check that arrangements are in place for identifying and reporting diseases in accordance with RIDDOR
- review the arrangements periodically.

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