



Quarries National Joint Advisory Committee (QNJAC)

Occupational Health

Information Sheet 2

November 2011

Health Surveillance

Approved by the Quarries National Joint Advisory Committee (QNJAC)
(Version 1: 2 November 2011)



Target Zero Occupational Health Information Sheet No 2: Health Surveillance

*To be read in conjunction with Information Sheet No 1 on Pre-placement and Post Employment Medicals

Legal Requirements:

Following a risk assessment to identify what exposures there are and who is likely to be exposed, then adequate controls should be put in place to prevent exposure where possible. Where exposure cannot be avoided controls should be put in place to reduce likely exposure to a minimum.

Where exposure occurs or there is the potential for harm if controls fail, **health surveillance may be required.**

A number of regulations require health surveillance to be undertaken, the main ones being:

- The Quarries Regulations 1999, Regulation 43
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002, (as amended)
- The Control of Noise at Work Regulations 2005
- The Control of Vibration at Work Regulations 2005

The results of health surveillance should be used to provide feedback on the effectiveness of your control measures and to identify particularly vulnerable or sensitive individuals or groups of workers.

Provision of health surveillance is also a feature of the EU Social Dialogue Agreement on Workers' Health Protection through 'the Good Handling and Use of Crystalline Silica and Products Containing it'.

Health surveillance is about looking for early signs of work-related ill health and confirming that control measures are working effectively. Health Surveillance should be provided when:

- an identifiable disease/adverse effect may be related to exposure
- there is a reasonable likelihood the disease/effect may occur
- there are valid techniques for detecting the disease/effect
- the technique is a low risk to the worker
- a risk assessment identifies it as being appropriate taking into account the circumstances of exposure

Why should you read this guidance?

There is a legal requirement for Health Surveillance to be undertaken where there is a risk of work related ill health to the workforce where techniques exist to identify symptoms of the resulting health effects and where health surveillance is likely to benefit the employee.

Health Surveillance provides periodic “snapshots” (audits) of a person’s health that can be used to spot the early symptoms of work related disease / ill health. It is a useful tool for individual risk management since employers may be able to modify an individual’s work activities to prevent further exposure in cases where there are early signs of disease, and prevent risks to others who may also be affected by these work activities.

Health Surveillance is also one means of checking the effectiveness of the controls in place to manage the identified health risks. However, it is a retrospective method and it may take many years of exposure before symptoms occur.

Failure to carry out effective Health Surveillance may lead to:

- Workers suffering ill health due to significant exposure and/or inadequate controls i.e. a poorly managed system
- Workers suffering deteriorating ill health due to failure to manage an existing health condition
- An increase of accidents/incidents in the workplace
- Enforcement action by the HSE
- Personal injury claims against the Company
- Higher insurance premiums

Health surveillance is a legal requirement, however in accordance with the principles of good practice, some companies also provide their workforce with the opportunity to be advised on other lifestyle factors which could affect overall health. The tables below clarify the differences between Health Surveillance, Health Monitoring and Health Screening and the required competencies.

Health Checks	
Health Surveillance (legal requirement where indicated by risk assessment))	Health Monitoring (can be legal requirement or good practice)
<ul style="list-style-type: none"> ▪ Skin Checks for dermatitis ▪ Respiratory Questionnaire ▪ X-ray ▪ Audiometry ▪ HAVS Checks ▪ Other specialist medicals eg lead, asbestos 	<ul style="list-style-type: none"> ▪ For MSDs (Musculo Skeletal Disorders) ▪ For COPD (Chronic Obstructive Airways Disease) as a consequence of exposure to silica ▪ Biological Testing*

Fitness for Work (not currently a legal requirement but good practice)	Health Screening (not legally required and not work or risk related)
<ul style="list-style-type: none"> ▪ Pre-placement questionnaire/medical ▪ HGV/Fork Lift/ Car drivers health assessment ▪ Breathing apparatus user medicals ▪ Vision tests (for identified roles) ▪ Post-employment medicals. 	<ul style="list-style-type: none"> ▪ Height ▪ Weight ▪ Blood pressure ▪ Cholesterol ▪ Vision Screening ▪ Urine Screening ▪ Drug and Alcohol Testing

*Biological and biological effect monitoring can be considered a part of health surveillance as it is a measure of the effectiveness of controls and the body's uptake and the effect of this uptake as an indicator of the risk of harm to health.

Who can perform what Health Checks?

Trained Responsible Person	Trained Technician or Non OH Qualified Nurse	Qualified OH Nurse Or OH Physician
<ul style="list-style-type: none"> ▪ Skin Checks ▪ Issuing Respiratory Questionnaire ▪ Issuing HAVS Questionnaire ▪ Issuing bottles for biological monitoring of urine ▪ Issuing pre-employment or post-employment questionnaires. 	Performing: <ul style="list-style-type: none"> ▪ Audiometric tests ▪ Lung Function Tests ▪ Vision Screening ▪ All screening tests 	Performing and Interpreting: <ul style="list-style-type: none"> ▪ All Health Checks ▪ Must have additional training in HAVS to perform HAVS testing. ▪ HSE appointed doctors would normally perform any specialist medicals e.g. for lead or asbestos

Paybacks/Benefits to the business:

- Effective risk management of the workforce regarding risks to their health
- Improved performance from the workforce
- Early identification of any work related illness
- Raises individual's awareness of health issues
- Reduces the risk of civil claims
- Potential reduction in employers liability insurance premiums

"Good health is good business" is a valid maxim.

Benefits to the individual worker – timely information on health issues affecting them to enable remedial actions to be taken.

What specific hazards in the workplace are relevant?

Work activities in the minerals industry can lead to occupational exposure to noise, vibration, silica and other dust, chemicals, gases, fumes, ionising and non-ionising radiation etc.

Guidance currently available:

The HSE website (www.hse.gov.uk) offers further guidance including:

- The Control of Substances Hazardous to Health Regulations 2002, (as amended)
- COSHH Approved Code of Practice and Guidance
<http://www.hse.gov.uk/pubns/books/l5.htm>
- COSHH Essentials
<http://www.hse.gov.uk/pubns/guidance/gyseries.htm>
- Management of health and safety at work Approved Code of Practice
<http://www.hse.gov.uk/pubns/books/l21.htm>
- Occupational Health Management in the Quarry Industry
<http://www.hse.gov.uk/aboutus/meetings/committees/qnjac/qnjac-ohg.pdf>
- INDG 304 - Understanding Health Surveillance at Work
<http://www.hse.gov.uk/pubns/indg304.pdf>
- HSE COSHH Essentials G404 "Health Surveillance for those exposed to Respirable Crystalline Silica (RCS)"
<http://www.hse.gov.uk/pubns/guidance/q404.pdf>
- Control of Noise at Work Regulations – Guidance on Regulations
<http://www.hse.gov.uk/noise/regulations.htm>
- Control of Vibration at Work Regulations – Guidance on Regulations
<http://www.hse.gov.uk/vibration/hav/regulations.htm>
- Quarries Information Sheet - Whole Body Vibration in Quarries
<http://www.hse.gov.uk/vibration/wbv/quarries.pdf>

Also see:

- Information on standards and qualifications of Occupational Health professionals can be found at: FOM occupational health standards
<http://www.facocmed.ac.uk/library/docs/standardsjan2010.pdf>

- European Network on Silica <http://www.nepsi.eu/>

Useful contacts:

HSE website; <http://www.hse.gov.uk/>

Safequarry Website: <http://www.safequarry.com>
MPA Website <http://www.mineralproducts.org/>

Current practice available in the industry:

Health records should be stored for 40 years after the date of the last record.

The Occupational Health Provider should produce at least annually a summary report to help the company address any identified issues/trends arising from Health Surveillance/Monitoring/Screening.

The Faculty of Occupational Medicine has undertaken a project to define the standards and minimum requirements that will apply to occupational health services. The framework for quality assurance is organised into six categories including people, facilities and equipment and relationships with purchasers. (see: <http://www.facocmed.ac.uk/standards/index.jsp>)

During screening the Occupational Health Nurse can decide if more detailed investigation is required, especially where the proposed activity presents specific risks. e.g. shift work and work in confined spaces

Health Surveillance/Monitoring/Screening is normally provided to direct employees. However, companies may consider offering health surveillance to any long term contractors and temporary staff who work exclusively for them. (see section on training below)

An Occupational physician or other clinician with relevant specialist qualifications will consider the need for x-rays at health surveillance on a case by case basis.

Note: It is advised that competent Occupational Health Professionals provide this service. A GP without specialist training in occupational medicine will not be competent in this role.

Training and information that you should consider for your workforce:

The content of this guidance could be used as the basis of a simple Toolbox Talk. Employees and contractors (including Agency and Agency Workers) need to be:

- Informed of the tasks and activities that present a risk to ill health and that will require routine health surveillance
- Provided with information on what will be involved with routine health surveillance
- Provided with feedback of the results from the routine Health Surveillance
- Assured of confidentiality and what will be reported back to their employer

Key Performance indicators to consider:

- Is there review and monitoring of company policies for occupational health
- Percentage of workers identified as needing health surveillance that have

- received the health surveillance required
- Reduction in lost time due to occupational ill health

Note: EU Social Dialogue Agreement on Respirable Crystalline Silica - from 2008 there is a biennial reporting requirement for signatories to the Agreement, and automated calculation of key performance indicators relating to provision of health surveillance.

This Information Sheet has been developed by the Quarries National Joint Advisory Committee (QNJAC) in conjunction with the MPA Occupational Health Working Group to help quarry operators, contractors, managers and others learn how to make health and safety improvements in the quarry industry. This guidance represents good practice which may go further than the minimum you need to do to comply with the law

It has been approved by the Quarries National Joint Advisory Committee (v1 date 02.11.2011)