**OCCUPATIONAL HEALTH POLICY FOR**

**WORKPLACE HEALTH SURVEILLANCE**

1. **INTRODUCTION**

1.1 Oxford Brookes University is committed to promoting the health, safety and welfare of its staff. This includes health surveillance. Every employer is required to ensure their employees are provided with health surveillance deemed appropriate in relation to the risks to their health and safety specifically identified through the risk assessment process.

1.2 University management exercise a general responsibility for health and safety, and employees have a reciprocal responsibility to themselves and others under the legislation.

2. **THE STATUTORY FRAMEWORK**

2.1 The Health and Safety at Work, etc. Act 1974 and the Management of Health and Safety at Work Regulations, 1999, place an obligation on the University to make assessments of the risks to staff of work-related ill-health in relation to any work activities, and to take measures to control the risk identified.

3. **DEFINITION OF HEALTH SURVEILLANCE**

3.1 The Health and Safety Executive defines health surveillance as ‘systematically watching out for early signs of work-related ill health in employees exposed to certain health risks’. Health surveillance helps the employer to manage risks by acting as a check on how the control measures are working and helping to pinpoint where further steps are required. The aim is to prevent disease and disability, prevent progression of symptoms where symptoms of exposure are identified, and to help people to stay at work.

3.2 Health hazards that require health surveillance will have been identified during the risk assessment process.

4. **TYPES OF HEALTH SURVEILLANCE**

4.1 Respiratory and Skin Sensitizers

4.1.1 Health surveillance may be needed under the Control of Substances Hazardous to Health Regulations 2002 (COSHH) if an employee is potentially exposed to solvents, fumes, vapours, dusts, biological agents and other substances hazardous to health. Simple checks may include skin inspections and employee reporting symptoms, or more elaborate checks may include lung function testing carried out by the Occupational Health Department. For details of the Respiratory Health and Safety Policy please refer to Health and Safety Notice OBUHSN-39 in the Health and Safety Manual.

4.2 Noise at Work

4.2.1 Exposure to excessive noise (noise level and length of exposure) at work leading to loss of hearing is preventable under the Control of Noise at Work Regulations 2005. The method for detecting loss of hearing ability is through hearing checks or audiometry. For details of the Health and Safety Policy on Noise please refer to the Health and Safety Notice OBUHSN-20 in the Health and Safety Manual.

4.3 Hand Arm Vibration and Whole Body Vibration

4.3.1 Exposure to powered equipment can lead to:

* HAVS (Hand Arm Vibration Syndrome) which includes conditions such as vibration white finger and carpal tunnel syndrome.
* Whole Body Vibration which can lead to back pain or make pre-existing back pain worse.

 Simple checks may include health questionnaire and employee reporting symptoms or more elaborate checks may include assessment carried out by the Occupational Health Department. For details of Risk Assessment please refer to the Health and Safety Notice OBUHSN-36 in the Health and Safety Manual.

4.4 Risk assessments will highlight the need for any additional health surveillance or monitoring. These will need to take into account employees who may be immunocompromised, pregnant workers and nursing mothers. The specific requirement for health monitoring will be covered in local Faculty/Directorate policy documents and/or Standard Operating Procedures, for example:

* Oxford Brookes University Hepatitis B Policy, December 2015
* Radiation Protection Handbook for the Management, Control and Safe Handling of Radioactive Substances, Oct 2013
* Safety Policy for Work with Microorganisms and Genetically Modified organisms, 2014
* EFM - Management and Control of Asbestos Policy and Procedures. V2.3 May 2016

5. **POLICY FRAMEWORK FOR MANAGING HEALTH SURVEILLANCE**

5.1 Risk assessment for workplace health hazards will be undertaken across the University, and methods for reducing initially or eliminating the risks identified will be put in place.

5.2 Managers and supervisors must identify employees who fall within the scope of health surveillance requirements and know how to manage risks effectively, control exposure in the workplace and provide adequate monitoring. Where new employees are identified who require health surveillance or changes to health status of current employees, the Occupational Health Department should be notified.

5.3 These measures will be discussed with Trade Union Safety Representatives and the Health, Safety and Welfare Committee who will oversee monitoring of the efficacy of the policy and other measures to reduce risks to health at work.

6. **RESPONSIBILITIES**

6.1 The Vice-Chancellor is responsible to the Board of Governors for the management of health, safety and welfare across the University. Under the aegis of the Chair of Governors, the University Senior Management Team will ensure that there is an effective policy framework in place, together with a supporting strategy for implementation and guidelines for managing health surveillance.

**6.2 Line Managers’ Responsibilities**

6.2.1 Conduct and implement risk assessments within their own areas of responsibility.

 Ensure up-to-date copies are made available to the Occupational Health

 Department.

6.2.2 Monitor the effectiveness of the control measures. Understand the requirement for health surveillance which must be clearly stated in the risk assessment.

6.2.3 Provide an updated list of names of employees who require health surveillance annually (**Appendix 1**).

6.2.4 Complete a Personal Health Exposure Record annually for each employee (**Appendix 2**).

6.2.5 Refer to any employee to the Occupational Health Department who presents with work related ill-health or symptoms of exposure, without delay, e.g. respiratory symptoms relevant to exposure to know respiratory sensitizers.

6.2.6 Inform the Occupational Health Department where health surveillance is no longer required or where an employee has a change of role.

6.2.7 Ensure employees are appropriately trained.

6.2.8 Ensure that following a review of the risk assessment procedural changes are

 communicated to employees.

6.2.9 Ensure employees, Occupational Health and the Health and Safety team are informed of any changes in work practices that may require additional risk assessment or health surveillance measures.

**6.3 Directorate of Human Resources Responsibilities**

**6.3.1 HR Managers’ Responsibilities**

6.3.1.1 Give advice and guidance to line managers on the University Health and Safety Policy.

**6.3.2 Occupational Health Department Responsibilities**

6.3.2.1 Provide specialist advice.

6.3.2.2 Train, advise and support line managers in implementing health risk assessments and assessing and completing personal health exposure records for their staff.

6.3.2.3 Ensure the Personal Health Exposure Record completed annually by the Line Manager is incorporated into the employees’ Occupational Health record (**Appendix 2**).

6.3.2.4 Conduct health surveillance, discuss results and advise on the use of personal protective equipment.

6.3.2.5 Work to Occupational Health Departmental health surveillance standards and

 protocols in establishing fitness for work.

6.3.2.6 Provide individual and health surveillance role group reports to management on fitness for work following analysis of the results with recommendations as necessary.

6.3.2.7 Assist the Line Manager in monitoring and reviewing the effectiveness of measures designed to control exposure.

6.3.2.8 Inform the line manager and Health and Safety Department where a work-related health concern requires reporting under Reporting of Injuries Diseases and Dangerous Occurrences Regulations.

6.3.2.9 Inform the Health, Safety and Welfare Committee of changes and developments in health surveillance requirements or trends identified.

**6.3.3 Health and Safety Department Responsibilities**

6.3.3.1 Provide specialist advice

6.3.3.2 Train, advise and support line managers in conducting and implementing risk assessments

6.3.3.3 Conduct health and safety audits

6.3.3.4 Advise line managers and employees on training requirements

**6.4 Employees’ Responsibilities**

6.4.1 Employees have a duty for taking all reasonable steps to promote and protect their own health and the health of those who could be affected by their behaviour and actions.

6.4.2 Raise any concerns about potential or actual health issues along with suggestions for workplace controls with their line manager, human resources manager or union representative.

6.4.3 Attend health surveillance appointments and any training programmes provided.

**6.5 Union Representatives**

6.5.1 Union Safety Representatives and members of the Health and Safety Committee/s are expected to monitor the implementation of these policies and to identify areas where deficiencies are occurring, to become involved in the risk assessment process and conduct joint inspections of the controls.

**DATE:** June 2016

**Date of next review:** June 2018

**Appendix 1**

Dear

**RE: Statutory Health Surveillance**

As part of Oxford Brookes University compliance with the Health Surveillance Policy,

annual health reviews for employees identified through the risk assessment process in your team are now due.

Please check the list of employees in the department who undertake tasks in your areas of work that require health surveillance as part of the control measures for the risks that have been identified.

Please inform Occupational Health (OH) if there are any changes to your local risk assessments. Currently OH is aware that potential risks include:

* Noise identified above the 1st action level
* Vibration
* Respiratory irritants

Each employee should review their individual risk of exposure with their manager. This should be recorded on their Personal Exposure Record, found under HR Forms on the HR intranet.

**Please note:** A completed copy of the **Personal Health Exposure Record** must be brought to the health surveillance review appointment.

Clinics are normally run in November and/or April each academic year.

The timetable for Health Surveillance is as follows:-

|  |  |
| --- | --- |
| **Schedule** | **Appointment** |
| (6 weeks prior to clinic taking place) | Pre-meeting between OH & Line Managers to discuss Health Surveillance Requirements |
| (3 weeks prior to clinic) | Employees complete relevant online health surveillance forms via Portal |
|  | Clinic takes place |
| (4 weeks after clinic taking place) | Post clinic meeting to discuss any outcomes/issues |

If you have any queries please do not hesitate to contact Occupational Health on

x 5772.

Best Wishes

Occupational Health Administrator / Office Co-ordinator

**Appendix 2**

|  |  |
| --- | --- |
|  **Personal Health Exposure Record** |  |
| Employee Name: | Gender: M  F  | Department: |
| P no: | Date of birth: dd/mm/yy / /  | Role: |
| Employee signature: | Date: | Manager name:Manager signature: | Date: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Task | Risk or COSHH assessments | Nature of Hazard | Typical Quantity | Frequency / Duration | Control Measures | Date exposure commenced | Date exposure ceased | Accident/Issue? |
|  |  |  |  |  |  | / / | / / | Y N |
|  |  |  |  |  |  | / / | / / | Y N |
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