



Health Surveillance



Information for Line Managers, Supervisors, and Safety Advisers

Occupational Health Service
Drummond Street Annexe
Drummond Street
Tel: 0131 650 8190
Email:
occupational.health@ed.ac.uk

Statutory Health Surveillance (Respiratory and Skin)

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1) Purpose of Health Surveillance

The Occupational Health Service (OHS) provides Health Surveillance which is **statutorily required** by the Control of Substances Hazardous to Health (2002) Regulations (as amended) (COSHH).

Serial health surveillance monitors for health changes: it can also play a part in checking the effectiveness of local engineering controls and other safety measures, and in the identification of any failures in safe systems of work.

Health surveillance is indicated where:

- A. local COSHH risk assessment has shown there to be a potential risk to the health of an individual, such as the potential for development of occupational asthma or dermatitis and
- B. there is reasonable chance the known health effect may occur and
- C. there is a suitable and acceptable method of detecting the effect.

Health surveillance comprises specific, targeted, employee assessments in direct relation to the hazards you have identified on your COSHH risk assessments. Participation in a health surveillance programme is mandatory if your COSHH risk assessment deems it is required. Appendix 1 highlights hazardous substances that may require health surveillance. Where research is continually subject to change, dynamic risk assessment, continually assessing risks and risk control solutions as they arise may be required.

2) Risk assessment and need for health surveillance

It is the responsibility of the line manager or supervisor to ensure that suitable and sufficient COSHH risk assessments are carried out and affected employees are presented to OHS for health surveillance. In research work this may mean the Principal Investigator (PI), the laboratory manager, or other manager. You must ensure affected employees have received information, instruction and training in all applicable COSHH risk assessments and understand why they are on a health surveillance programme. It is also the responsibility of the employing department to identify to OHS:

- 1) A local contact person to liaise with OHS about staff, clinic requirements etc.
- 2) The local health record holder who will receive fit slips and update the local health record. [Appendix 3](#) gives an example of a health record you may wish to use in your area.

[Appendix 2](#) further details the responsibilities for health surveillance within Universities.

If it is not clear to the individual or the OHS Staff why the individual has been presented for health surveillance, this will be notified to the line manager/supervisor.

3) Risk assessment and respiratory protective equipment (RPE)

You are reminded that RPE is the last control measure in the hierarchy of controls. The animal / laboratory workers health questionnaire ([OHF3a – appendix 11](#)) which is used as part of any respiratory health surveillance includes brief questions about respiratory protective equipment (RPE). If RPE is required a face-fit test **MUST** be carried out to ensure the RPE is suitable, sufficient and appropriate to the identified hazard. You should contact Occupational Hygiene to arrange face-fit testing at facefit.testing@ed.ac.uk. If you are unsure if your RPE requires face-fit testing, you should contact the Occupational Hygiene Unit at occupational.hygiene@ed.ac.uk.

4) COSHH Health Record

This record is not held by OHS. It should not contain medical information. COSHH requires the employer keeps a health record for individual employees, this should list all relevant hazardous substances the employee is exposed to (e.g. toxins, carcinogens, mutagens, sensitisers, teratogens, etc.) and the date parameters for exposure. This is maintained locally and it is held by individuals' School/Centre/Institute. Check availability of the CoSHH Health Passport System (CHPS) in your area. For further advice contact the Health and Safety Department.

A health record must be kept for **all** employees on a health surveillance programme. These are not medical records; they are your record of potential exposure for your employees to allow links to be made between exposure and any ill health effects. Health records, or a copy, should be kept in a suitable form for at least 40 years from the date of last entry.

Health surveillance outcomes are a component part of the COSHH Health Record referencing:

- 1) the factual decision made by the occupational health professional in terms of fitness and any restrictions required to the employees on-going exposure to hazards
- 2) the date they were carried out and by whom

The COSHH health record should be kept in a format that can link with other associated information (e.g., with any workplace exposure measurements, RPE, personal protective equipment (PPE)).

5) Individual and collective information about health surveillance outcomes

Individuals will be informed of the outcome of their health surveillance at their appointment and they will be given copies of their results if they wish, confirmed with [OHL5 \(appendix 4\)](#) for standard outcomes.

If the employee requires follow-up in OHS they will be informed of this during their appointment and notified via email. In situations where the OH Advisor/ OH Screening Nurse suspects there may be a breakdown/ non-compliance with local risk reduction measures, this information will be fed back at a local level. Collective feedback including information about health surveillance outcomes for work areas will be provided to the local safety adviser/manager via [OHF46 \(appendix 5\)](#). If health surveillance identified any hazardous exposure this will be reported to those in charge of the work area and to other individuals or committees responsible for overseeing or monitoring the effectiveness of health and safety controls e.g. safety committee - along with any recommendations on actions required to improved exposure controls or surveillance procedures.

All persons for whom any Occupational Health medical records (as distinct from Health (Exposure) Record) are kept are entitled to see their own records. A written request must be made if a copy is required for either.

6) Procedure for attendance and recall for health surveillance

OHS offer health surveillance clinics both at your site and within the OHS. As a line manager/supervisor or local safety adviser you must identify a local liaison contact for OHS so that you can present affected employees for surveillance.

Once an individual has been presented to OHS as part of a health surveillance programme via the Request for Health Surveillance form [OHF 57 \(Appendix 14\)](#), OHS will ensure that a robust system for recall, at appropriate times, is in place. The responsibility for ensuring attendance, however, lies with the employing department.

6.1) Frequency of Appointments

The frequency for surveillance appointments is as follows:

- a) **Baseline** – prior to or at commencement of exposure; then

- b) **6 weeks** into exposure; and subsequently (if all results acceptable)
- c) **12 weeks** later; and subsequently (if all results acceptable)
- d) **Annually** – frequency is increased for individuals if indicated by individual health risk or by surveillance outcomes
- e) **Exit** - individuals who are ceasing exposure should be referred for an ‘exit’ appointment if > 6 months has passed since last appointment

6.2) Baseline Appointments

Initial baseline appointments are usually provided at the premises of the Occupational Health Service in Drummond Street. **These must be done prior to or at the commencement of exposure. Do not wait for a local area clinic date.**

To provide an initial appointment OHS require the completion of OHF57 Request for Health Surveillance ([Appendix 14](#)).

To request this form contact occupational.health@ed.ac.uk

6.3) What Occupational Health provides:

- up to 12 months in advance, agreed date(s) for one or more at-site session(s) per year
- up to 16 appointments (20 minutes each) per day
- provision of a list sent annually to the local contact indicating names of staff who are currently on the health surveillance programme which the local contact must update and return to OHS. OHS will update their records from the information provided.
- individual OHL4 forms ([appendix 6](#)) giving
 - fitness for on-going hazard exposure
 - advised period for follow-up
 - advice re any temporary or permanent restrictions or adjustments to working arrangements
- Where changes to exposure control or working arrangements are necessary to protect the individual from further hazardous exposure, recommendations on this will be made to the employee's line manager and/or the person in control of the work ([OHL4 – appendix 6](#), [OHF34/36 – appendix 7/8](#))
- For non-attenders, provision of a further appointment at the Occupational Health Service (where there is no suitable upcoming at-site appointment session).
- Collective feedback will be sent to identified management ([OHF46 – appendix 5](#))

Off-site clinics which are not adequately filled or where attendees' and non-attendees' full details are not provided in advance (see [appendix 9](#) for details) will be cancelled by Occupational Health and appointments made at OHS.

6.4) What the local contact person must provide:

- agreed clinic date(s), booked up to 12 months in advance
- a suitable booked room (see [Appendix 10](#))
- 2 months prior to a visit, provision to the OHS of a populated appointment list OHF45 ([appendix 9](#)). This can be amended up until 2 weeks before the agreed date. (These notice periods are required by the OHS to complete the pre-administration of the clinic.)

- status of **all** staff who are due health surveillance including those who are not attending on the day, indicating whether they:
 - are no longer exposed (health surveillance no longer required; have left the University; etc.)
 - Where the OHS is notified that an employee is leaving the University or moving to a role that no longer exposes the employee to a respiratory sensitizer an exit appointment is required if more than 6 months have elapsed since they were last assessed.
 - are unavailable on date (OHS will send an appointment)
 - are on leave, giving timescale if possible (specifying maternity/paternity; sickness; holiday; etc.)
- circulation of health questionnaire ([appendix 11](#)) prior to appointments, to all attendees, for completion **prior** to attendance
- facilitation and liaison / meet with OH staff on day of at-site session

Managers/supervisors must update the OHS on an ongoing basis when a person's health surveillance needs change.

Any staff who are not presented and seen at an at-site health surveillance clinic will be sent an appointment to be seen at OHS.

6.5) Repeated non-attendance

Following a 2nd **non-attendance** a letter OHL2 ([appendix 12](#)) is sent to the individual, line manager/supervisor and the Director of Health and Safety. The **line manager must take immediate action** to ensure the individual either ceases or has ceased work with the relevant substance. Where health surveillance was required because of work within a **restricted-access research facility, access can be prohibited.**

Following closure, if further health surveillance is required, contact must be made with the OHS to confirm there is intended on-going exposure and any further appointments will be attended.

7) Actions following health surveillance

Following each appointment the line manager/supervisor will receive a form OHL4 (see [appendix 6](#)) giving an outcome (e.g. Fit, Exposure with Precaution, Unfit). The OHL4 contains advice regarding fitness for continuing work with the relevant hazard. A copy of OHL4 will be sent to the health record holder, the individual and is also copied to the identified local contact person who has a health and safety responsibility to action any recommendations.

The implementation of advice given on the OHL4 is a statutory requirement for the employing department who hold the health record for the individual.

8) Frequently asked questions

a) **Is health surveillance required for all types of work and every employee?**

The need for surveillance is determined by local COSHH risk assessment and is dependent on each individual's level of exposure to a hazard. This assessment is made by local management or their delegate. OHS cannot identify what surveillance is needed but see appendix 1 for types of exposure that may require a health surveillance programme. The frequency of health surveillance may be increased for individuals if indicated by individual health risk or by surveillance outcomes.

b) **Is participation in health surveillance voluntary?**

No. Under COSHH the identification of a need for health surveillance makes it a **statutory requirement**. If an individual does not attend for health surveillance, OHS will be unable to comment on their fitness to continue in their role and they should be restricted from further hazard exposure.

c) **Whose responsibility is it to ensure that individuals attend for baseline and subsequent health surveillance?**

It is the employing department/manager responsibility to both present individuals for health surveillance and ensure that they attend in work time.

d) **A staff member missed an at-site visit - can they wait for the next one?**

e) **No** – unless the next clinic is within their date of recall. You should have been notified via OHL4 of when subsequent health surveillance would be required. If that time period has lapsed they should be presented immediately to OHS if they continue to carry out work that require surveillance.

f) **An individual is leaving the University or ceasing exposure(s). Do they need to attend for health surveillance?**

Yes - Individuals who are ceasing exposure should be referred for an 'exit' appointment if > 6 months has passed since their last appointment

9) Further information

For general information on health surveillance please see:

<http://www.ed.ac.uk/health-safety/occupational-health/managers/health-surveillance>

www.hse.gov.uk/coshh/basics/surveillance.htm

<http://www.docs.csg.ed.ac.uk/Safety/health/OHK%201%20LAA%20info%20leaflet.pdf>

University of Edinburgh health surveillance procedures have been produced and developed to comply with COSHH and also to follow guidance issued by the Health and Safety Executive and Higher Education Occupational Physicians and Practitioners (HEOPS) <http://www.heops.org.uk>

For any further specific information about health surveillance at the University of Edinburgh please contact:

Occupational.health@ed.ac.uk or telephone: (6)50 8190

Appendices

Appendix 1 – Hazardous substances which may require health surveillance

Substance	Comment
Respiratory sensitizers	Respiratory sensitizers may require health surveillance as it is often impossible to ensure control to a level at which there is no risk of sensitisation. Specific guidance on surveillance for respiratory sensitizers will be developed
Small laboratory animals	Surveillance likely to be necessary for any recurring work with live animals or handling of waste, unless the process is fully contained. Work only with extracted tissue poses no significant risk of sensitisation and does not require surveillance
Sensitizing small molecules	Reactive small molecules such as isocyanates, glutaraldehyde, and acid anhydrides are associated with a high level of sensitisation.
Sensitizing macromolecules	Two particular macromolecules used in scientific research – enzymes and penicillins – are associated with respiratory sensitisation
Skin irritants	Lab chemicals, solvents, cleaning materials and disinfectants can all cause skin irritation. It is unlikely that the level of exposure in scientific research will cause sufficient problems to require health surveillance. For employees working with metalworking fluids: skin surveillance is recommended
Skin sensitizers	Certain skin sensitizers may require health surveillance as sensitisation may occur at low levels of exposure
Sensitising small molecules	Particularly with halogenated electrophilic agents such as dinitrochlorobenzene and p-nitrobenzyl bromide
Sensitising macromolecules	Sensitivity to latex can cause serious problems and always requires health surveillance
Biological Agents	Ensure employee immunisation for all vaccine preventable work Health surveillance for biological risks (as strictly defined) may not be appropriate. The circumstances where it may be useful could be where the agent causes serious disease with an insidious onset for which there is effective treatment available e.g. M. Tuberculosis. For many infections, a high level of personal vigilance by workers is appropriate so that prompt medical attention is sought if they develop early signs of infection, e.g. for leptospirosis.
Hazard Group 3 and 4 organisms	The maintenance of a Health (Exposure) Record is required by COSHH. Replication competent lentiviruses may require baseline HIV status and symptom surveillance
Genetically modified organisms	Health surveillance may be required where the genetic modification causes an increase in potential pathogenicity.
Chemicals	
Chronic poisons such as cytotoxic agents	Cytotoxic anti-cancer drugs symptom surveillance only for those who directly handle these drugs. If a class2 safety cabinet is used and gloves etc. no surveillance is required.

Carcinogens (Risk phrase R45, R49) and Mutagens (R46)	A health record only is required
Potent acute toxins	Where exposure may occur which could cause recognisable symptoms, but which may not result in incapacitating illness, periodic surveillance to detect such exposures may be necessary.
Physical hazards	
Ionising radiation	Under the IR Regulations, medical surveillance is required only if a worker may be exposed to a dose >30% of the relevant dose limit. This is usually determined by a Radiation Protection Adviser
Noise	Required if daily average exposure (Leq) exceeds 85dB(A)
Vibration	Required if daily average exposure (EAV) exceeds 2.5m/s ² A (8)

Higher Education work environments where health surveillance may be required:

Biomedical research laboratories

Chemical research laboratories

Agricultural stations

Wind-tunnel facilities

Engineering workshops

Plant rooms

Taken from HEOPS - Guidance for the provision of health surveillance in higher education institutions Version 2 May 2016

Appendix 2 – Responsibilities for health surveillance in higher education institutions

(Taken from HEOPS - Guidance for the provision of health surveillance in higher education institutions V2 May 2016)

Title	Health Surveillance Responsibilities
Vice Chancellor/ Dean	Overall responsibility for: <ul style="list-style-type: none"> • Health and safety management system • Policy
Heads of Department / Director of Institute (+ Departmental safety officer)	Ensure local arrangements in place for: <ul style="list-style-type: none"> • Assessing risks • Identifying work requiring health surveillance • Informing occupational health of work requiring surveillance • Ensure Health (Exposure) Records kept • Sanctions for non-attendance • Responding to surveillance outcomes
Research programme leader/Risk Assessor/ Principal Investigator/ manager of work	Ensuring arrangements for: <ul style="list-style-type: none"> • Risk assessment & consider need for surveillance, where health risks from exposure cannot be reliably prevented through use of safety controls • Documenting need for surveillance in risk assessment • Registration + attendance at health surveillance, support sanctions for non-attendance • Ensure exposure record is completed by all employees exposed
Employees, Researchers, graduate and undergraduate Students, Academic visitors	<ul style="list-style-type: none"> • Attend training • Follow the safe system of work • Attend surveillance if specified as a control measure for their work • Complete Health (Exposure) Record • Report symptoms/ exposure incidents
Safety Officers	<ul style="list-style-type: none"> • Advising on exposure controls • Assist in identifying work requiring HS • Assist in monitoring compliance with HS programmes. • Reviewing risk assessments & use of controls in the light of HS findings
Occupational Health	<ul style="list-style-type: none"> • Advise on Policy development • Advise on need for + provide appropriate generic & project-specific HS programmes • Provide periodic recall of those enrolled in active health surveillance • Report individuals' surveillance outcomes to the Health (Exposure) Record holder Reporting defaults to Principal Investigators / risk assessor • Reporting outcomes and trends • Reports cases under RIDDOR and to individual's general practitioner

Appendix 3 – Example Local health (Exposure) record

Employee name:		Gender:		Address:	
Staff Number:		Date of Birth:			

Name of Substance CAS no	Nature of Hazard	Physical State	Quantity	Amount	Frequency / Duration of Use	Control Measures	Date Exposure Commenced	Date Exposure Ceased	Incident/Accident/ Surveillance records attached Y/N
	(1)	(2)		(3)	(4)	(5)			(6,7)

(1) Carcinogen, mutagen, substance toxic to reproduction, respiratory sensitizer (i.e. asthmagens), skin sensitizer (Relevant risk phrases R45, R46, R49, R60, R61, R64 where listed)

(2) Liquid, solid, dust, vapour or gas

(3) Include amount and units

(4) Daily, weekly, monthly, rarely

(5) Fume cupboard, laminar flow bench, local exhaust ventilation (LEV), glove box or other form of isolator, personal protective equipment (please specify)

(6) Please attach copies of any incident/accident details

(7) Please keep with any health surveillance outcomes from OHS

Taken from HEOPS Health Surveillance Guidance V2 May 2016



Appendix 4 – OHL5 Notification of Fitness Letter

PRIVATE AND CONFIDENTIAL

EMPLOYEE,

OCCUPATIONAL HEALTH SERVICE

Health and Safety Department
The University of Edinburgh
Drummond Street Annexe
Drummond Street
Edinburgh EH8 9XP

17/05/2019

Telephone 0131 650 8190
Fax 0131 650 9149
Email Occupational.Health@ed.ac.uk
<http://www.ed.ac.uk/health-safety>

Dear *EMPLOYEE,*

Re: Notification of Fitness Following Health Surveillance

Thank you for attending for your recent health surveillance on *DATE*. As explained to you on the day your results are considered to be within normal limits for your age and sex and a copy is attached for your information. Your manager will decide whether your continuing work requires you to have further health surveillance.

Your results are held within your medical file in the Occupational Health Service of the University of Edinburgh. Under the Control of Substances Hazardous to Health (2002) your files will be kept for 40 years after the date of your last health surveillance.

I would advise that you maintain awareness of your exposure(s) and continue to comply with any safety measures at work including the use of Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE).

If you have any concerns regarding your PPE/RPE, or if you think your health is being affected by your work, you should discuss this with your manager in the first instance.

Please contact the Occupational Health Service if you wish to clarify anything within this letter.

Yours sincerely,

OCCUPATIONAL HEALTH SERVICE



Health Surveillance

Collective Feedback for Managers

This report gives an overview of the recent 'at-site' health surveillance clinic in your area, and highlights if there are general patterns of ill health in the attendees

Date of Clinic:	
Department:	
Location:	
Local Contact:	
Author:	

In addition to this report you will also receive an individual summary of each employee assessed which records what health surveillance they had and their fitness to work or otherwise. These summaries are to help you meet your statutory obligations required by “The Control of Substances Hazardous to Health Regulations 2002 (as amended)” (COSHH) that require you to keep health records of the health surveillance undertaken for your affected employees.

Observations

Attendance	Number of employees
Attendees presented for clinic	XXX
Did not attended (DNA)	XXX

NOTE: Those who do not attend statutory health surveillance should be restricted from continuing exposure if their health surveillance is overdue as OHS are unable to give an opinion on their fitness to continue in their role.

Outcomes	Number of employees
Fit	X
Exposure with precaution	X
Unfit	X

Action Points Arising From This Clinic

Data Protection and Confidentiality

Managers should not have access to more information about a worker’s health than is necessary for them to carry out their management responsibilities. As far as possible, feedback information will be confined to that necessary to establish fitness to work.

Background

As part of the University of Edinburgh Occupational Health Service (OHS) Health Surveillance Programme, at-site health surveillance took place on XXXXXXXX. Attendees have been identified, as part of local risk assessment, and presented to OHS by local management as requiring health surveillance.

Respiratory Health Surveillance

A standardised respiratory questionnaire was administered to identify if there were work-related respiratory symptoms or disease. Respiratory function tests were carried out using the Vitalograph ‘Alpha type’ spirometer which was calibrated prior to testing. The individual’s smoking history is taken into account when interpreting results.

It is recommended that control measures are regularly reviewed and assessments recorded.

Skin Assessment

Skin health surveillance was performed using a standardised questionnaire and an inspection of the hands. Employees seen were given general skin care advice. This included the use of appropriate PPE, care with washing and drying and the use of moisturising or emollient creams.

Health surveillance is a system of ongoing health checks. These health checks may be required by law for employees who are exposed to noise or vibration, ionising radiation, solvents, fumes, dusts, biological agents and other substances hazardous to health, or work in compressed air.

Health surveillance is important for:

- detecting ill-health effects at an early stage, so employers can introduce better controls to prevent them getting worse
- providing data to help employers evaluate health risks
- enabling employees to raise concerns about how work affects their health
- highlighting lapses in workplace control measures, therefore providing invaluable feedback to the risk assessment
- providing an opportunity to reinforce training and education of employees (e.g. on the impact of health effects and the use of protective equipment)

Your risk assessment should be used to identify any need for health surveillance. You should not use health surveillance as a substitute for undertaking a risk assessment or using effective controls.

Health surveillance can sometimes be used to help identify where more needs to be done to control risks and where early signs of work-related ill health are detected, employers should take action to prevent further harm and protect employees.

All health surveillance was carried out by XXXXXX. All health surveillance results, recommendations and advice were reviewed by XXXXX, Occupational Health Advisor.

All employees were notified at the time of their assessment the results of their health surveillance, informed if further assessment is recommended, their recall schedule and given general health advice by XXXXXX. Where further clinical assessment/review is recommended this is stated on the 'fit-slip' sent in PDF format via email.

The recommended recall dates for next health surveillance have been indicated on the individual fitness certificates.

Although repeat health surveillance has been recommended be this 6 weeks, 12 weeks, 6 months or annual, after this assessment employees were informed of the need to report any problems prior to that to their line manager, in the first instance, and arrange further review by OHS.

It is recommended that COSHH risk assessments and controls to reduce hazardous exposures are up to date.

Report prepared by:	Report checked and all results reviewed by:
OH Contact	OH Contact
DATE:	DATE:

If you have any questions please contact the Health Surveillance Team at the Occupational Health Service on 0131 650 8190, or by e-mailing occupational.health@ed.ac.uk.



Appendix 6 – OHL4 Individual Outcome Notification

PRIVATE AND CONFIDENTIAL

Managers name

OCCUPATIONAL HEALTH SERVICE

Health and Safety Department

The University of Edinburgh

Drummond Street Annexe

Drummond Street

Edinburgh EH8 9XP

Date:

Telephone 0131 650 8190

Fax 0131 650 9149

To: Managers name

Email Occupational.Health@ed.ac.uk

<http://www.ed.ac.uk/health-safety>

RE: Notification of Fitness Following Statutory Health Surveillance

Staff Number, Name

You are advised that all required control measures, identified in your Control of Substances Hazardous to Health (2002) Regulations (as amended) (CoSHH) risk assessment e.g. RPE (respiratory protective equipment) must be utilised at all times of exposure. Any queries should be discussed in the first instance with your local safety advisor (or Occupational Hygiene Unit for respirator face-fit testing and guidance on wearing of respirators). The employee named above attended for the following health surveillance today:

1. Respiratory: including Lung Function Testing (Spirometry)
2. Skin

And has been deemed:

FIT / EXPOSURE WITH PRECAUTION/ UNFIT –RECALL 6 WEEKS / 12 WEEKS / 6 MONTHS/ 12 MONTHS

NOTES:

Health surveillance is statutory and must be repeated within the timeframe as determined above. Any recommendations should be actioned in order to comply with CoSHH. Continuation on the Health Surveillance Programme is determined by ongoing local CoSHH risk assessment and the individuals' related exposures.

Seen by: *OHT Name*

OCCUPATIONAL HEALTH UNIT

RESPIRATORY NOTIFICATION OF CHANGE

To Health Surveillance Outcomes

Manager:			
Employee:		DOB:	
School:		Department:	
Occupation/Job Title:		Site:	

This is to confirm that the above named employee has undergone respiratory health surveillance on

Date:	
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and in relation to the outcome of this requires assessment of his / her workplace.

This means that as the employee's line manager, further action is required from you to ensure that the correct control measures regarding hazardous substances are in place.

Please note that the employee is currently **FIT / EXPOSURE WITH PRECAUTION /UNFIT** to continue in his / her current role taking into account the following recommendations. This is in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Recommendations:	
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We recommend you consider:

- Are there any changes in the work environment resulting in new exposures to hazardous substances and does the COSHH risk assessment note any respiratory sensitisation issues, e.g. chemical fume, wood dust etc.?
- Are there any significant changes to the employee's role, which increases their exposure to any hazardous substance and lead to respiratory sensitisation issues, e.g. dust, chemical fume etc.?
- Is there stringent adherence to workplace processes and use of available PPE (Personal Protective Equipment), with reference to COSHH risk assessments?

If you identify any increases in exposure to hazardous substances following the above review, action plans to reduce exposure, including increased control measures if required, should be implemented.

We would be happy to discuss any support we can give yourself and your local Safety Adviser with regard to this case if required.

OH Signature:		Date:	
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I consent to this report being provided to my line manager.

Employee Signature:		Date:	
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cc Local Safety Adviser

SKIN NOTIFICATION OF CHANGE

To Health Surveillance Outcomes

Manager:			
Employee:		DOB:	
School:		Department:	
Occupation/Job Title:		Site:	

This is to confirm that the above named employee has undergone skin surveillance on

Date:	
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and in relation to the outcome of this requires assessment of his / her workplace.

This means that as the employee's line manager, further action is required from you to ensure that the correct control measures regarding hazardous substances are in place.

Please note that the employee is currently **FIT / EXPOSURE WITH PRECAUTION /UNFIT** to continue in his / her current role taking into account the following recommendations. This is in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Recommendations:	
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We recommend you consider:

- Are there any changes in the work environment resulting in new exposures to hazardous substances and does the COSHH risk assessment note any skin sensitisation issues?
- Are there any significant changes to the employee's role, which increases their exposure to any hazardous substance and lead to skin sensitisation issues?
- Is there stringent adherence to workplace processes and use of available PPE (Personal Protective Equipment), with reference to COSHH risk assessments?

If you identify any increases in exposure to hazardous substances following the above review, action plans to reduce exposure, including increased control measures if required, should be implemented.

We would be happy to discuss any support we can give yourself and your local Safety Adviser with regard to this case if required.

OH Signature:		Date:	
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I consent to this report being provided to my line manager.

Employee Signature:		Date:	
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cc Local Safety Adviser

Appendix 9 – OHF45 At Site Surveillance Appt List

Clinic Date:	
School / Department:	
Location / Room No.:	
Local Contact & Tel No.:	
Local IT Contact & Tel No.:	

Please ensure ALL the following information is provided

Time	Firstname	Surname	Staff Number	Date of Birth	Line Manager /PI Name	Type(s) of Health surveillance (respiratory/skin/exit...please specify)
08:40	SET-UP - NO APPOINTMENTS					
09:00						
09:20						
09:40						
10:00						
10:20						
10:40						
11:00	BREAK - NO APPOINTMENTS					
11:10						
11:30						
11:50						
12:10						
12:30						
12:50	LUNCHTIME - NO APPOINTMENTS					
13:30						
13:50						
14:10						
14:30						
14:50						
15:10	CLEAR UP - NO APPOINTMENTS					

If staff identified on the OHS recall list are not able to attend or no longer require health surveillance, please ensure their details and reason for non-attendance are completed below.

Non-attendees

OHS LIST NON ATTENDERS	First name	Surname	Staff Number	Date of Birth	Line Manager	Comment (Left / Requires Exit Appointment / No longer exposed / Unavailable etc.)	

Appendix 10 - Room Requirements for at-site visits:

Essential room requirements:

- Room with privacy
- Facilities for suitable lockable storage of medical notes and laptops during break/lunch times
- Medium/large table and at least 3 chairs
- University wireless network connection or OHS accessible networked PC
- Electrical power socket
- Suitable waiting area
- Toilets and hand-washing area nearby
- Local contact (or delegate) available for contact on day for any support or queries

If the room is not suitable, the clinic will be cancelled and appointments made at Occupational Health Service premises.

Please note access to the room will be required for setting up and removal of equipment 20 minutes BEFORE and AFTER the appointments session.

Appendix 11 – OHF3a Animal / Laboratory Workers Health Surveillance Questionnaire

Animal / Laboratory Workers Health Surveillance Questionnaire

The purpose of the questionnaire is to assess whether you have any health problems that may affect your ability to undertake the duties of your role or place you at any risk in the workplace. OHS will make recommendations to the University regarding adjustments or modifications required to your role as a result of this assessment. Our aim is to promote and maintain the health of all people at work.

Skin Surveillance:

Full Name:				Date of Birth:	
Birth Gender Male / Female:		Age:		Line Manager / Supervisor	
Place of Work:				Occupation:	
Height:				Weight:	
Dominant Hand:				Animal Facility (if applicable)	

Description of work done:	
How frequently do you come into contact with hazardous substances e.g. animals, chemicals etc? (Please circle answer)	
CONSTANTLY / OFTEN / SOMETIMES / RARELY / NEVER	
What hazardous substances e.g. animals/chemicals do you come into contact with / use?	
Do you use personal protective equipment at work? (Please circle answer) If you answer yes please use the back of this sheet of paper to list the PPE/RPE use. Please also list the type of gloves that you use.	
YES / NO / SOMETIMES	
Any previous skin problems?	YES/NO
If YES, give details:	
Are you aware of anything that currently upsets your skin?	YES/NO
If YES, give details:	
Do you have/had any allergies?	YES/NO
If YES, give details:	
Do you regularly use a moisturiser on your hands? (Please circle answer)	
YES / NO	Which one(s) -
MORE THAN 5 TIMES PER DAY / 2 – 3 TIMES PER DAY / ONCE A DAY / RARELY / NEVER	

Other activities e.g. hobbies?

Do you regularly do the washing up at home?

YES / NO

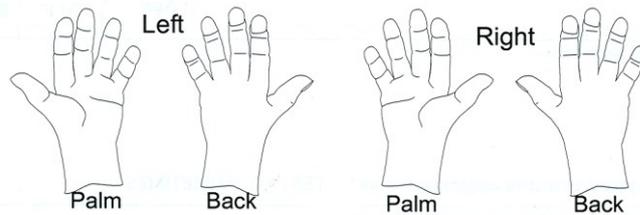
If YES, do you wear gloves?

YES / NO

what type?

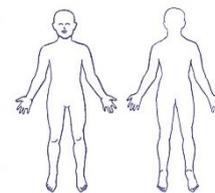
Please go to Respiratory surveillance section below.

(For OH use only) Visual Assessment of Hands:



Score		Details
0		Skin looks normal
1	1 of	Dry, redness, cracking, blisters, open sores, bleeding, infection
2	2 of	
3	3 of	
4	4 of	
5	5 of	
Skin area	Score	Details

Other parts of the body



Clinical Notes:

[Respiratory Surveillance:](#)

Work Information: Which Respiratory Sensitisers are you working with? – Please list below (refer to local COSHH risk assessment)	
Details of chemicals or potential respiratory sensitiser(s):	
Frequency of Exposure i.e. Daily/ weekly/blocks	
Duration on each occasion	
What control measures are in place – e.g. Fume cupboard, LEV etc.	

Please **CIRCLE** the answer that applies to you

1a	Do you wear respiratory protective equipment (RPE)?	Yes	No
	If yes , please list the type of RPE you wear:		
	1		
	2		
1b	Do you have any concerns about the RPE that you wear?	Yes	No
	If yes , please give details:		
1c	Has your RPE been fit tested for you?	Yes	No

2	Have you had any problems with your health since starting in your current role?	Yes	No
	If yes please give details:		

3	Are you currently taking any medications? (including inhalers)	Yes	No
	If yes , please list them:		
	1		
	2		
	3		
	4		

4a	Past Medical History: Have you ever:		
	Had Asthma or other chest related disease	Yes	No
	Been prescribed inhalers for your chest?	Yes	No
	Had a persistent (i.e. >4-6 wks.) cough?	Yes	No
	Had bouts of Wheezing?	Yes	No
	Had shortness of breath?	Yes	No
	Had chest tightness?	Yes	No
	Had persistent runny/stuffy nose or eye irritation?	Yes	No
If you have answered yes to any question please give details:			

4b	Recent Medical History: Since your last medical:		
	Details (do not include isolated colds, sore throats or flu)		
	Been formally diagnosed as suffering from Occupational Asthma	Yes	No
	Had any wheeze or chest tightness?	Yes	No
	Taken any treatment for your chest?	Yes	No
	Been woken from your sleep with cough/ wheeze?	Yes	No
	Had any episodes of breathlessness or chest tightness including after exercise?	Yes	No
	Had any time off with a chest illness?	Yes	No
	Had a cough lasting more than 4 weeks?	Yes	No
	Recurring blocked or runny nose?	Yes	No
	Recurring eye irritation?	Yes	No
	Has anything at work ever affected your breathing?	Yes	No
If you have answered yes to any question please give details			

4c	Do any of your symptoms get worse at night?	Yes	No
	If Yes , which ones?		
4d	Do any of your symptoms get better when you are away from work e.g. at weekends or on holiday?	Yes	No
	If Yes , Please give details:		

5a	Do you smoke?	Yes	No
	If no , have you smoked in the past?	Yes	No
5b	If you smoke / have smoked: what do you (or did you) smoke?		
	How much/many do you (or did you) smoke per day?		
	How many years have you (or did you) smoke?		

6	Do you have any hobbies?	Yes	No
	If yes , please give details		

7	Do you currently, or have you ever, worked with animals?	Yes	No
	If yes , please give details		

8	Do you currently, or have you ever, worked with hazardous chemicals or substances?	Yes	No
	If yes , please give details		

9	Do you have any pets or any contact with animals outside work?	Yes	No
	If yes please give details:		

10	Have you attended for Statutory Health Surveillance in any previous employment?	Yes	No
	If yes please give details i.e. any restriction placed on you or concern in relation to your health?		

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Thank you for completing the questionnaire.

For OHU use only:

Clinical Notes:					

Examination							
Contraindications to carrying out Spirometry?		Yes:		No:			
Spirometry Results recorded on OHF 47				Spirometry carried out			
				Sitting	Standing		
Advised to review CoSHH risk assessment and RPE requirements		Yes	No	Results entered on OPAS		Yes	No
				Breathe Freely leaflet issued		Yes	No
				Copy of results issued		Yes	No
Outcome: Please circle below							
Fit for specified work			Exposure with Precaution			Unfit	
OH signature:				OHL5 Issued – Employee notification		Yes	No
				OHL4 Issued – Fit Slip		Yes	No
Date:				Recall date (Skin)			
				Recall date (Respiratory)			

All employees have the right to access their Occupational Health records. Should you wish to do so, please speak to a member of the Occupational Health team for more details or view <https://www.ed.ac.uk/health-safety/occupational-health/about/professionals-tandards>

I hereby declare that the above medical information is true and accurate to the best of my belief and knowledge. I will notify Occupational Health if there is any change to my health.

Employee signature:	
Date:	



Appendix 12 – OHL2 DNA for Health Surveillance Letter

PRIVATE & CONFIDENTIAL

Manager's name

OCCUPATIONAL HEALTH SERVICE

Health and Safety Department
The University of Edinburgh
Drummond Street Annexe
Drummond Street
Edinburgh EH8 9XP

Date

Dear Manager

Telephone 0131 650 8190

Fax 0131 650 9149

Email Occupational.Health@ed.ac.uk

<http://www.ed.ac.uk/health-safety>

**Re: Non-attendance for Statutory Health Surveillance
Name / Staff Number**

According to our records, NAME has failed to attend for a second time for an appointment for statutory health surveillance relating to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended). The Occupational Health Service will not send any further appointment.

You are formally notified that this individual's occupational health record is now closed with regard to health surveillance **you must take action now.**

This employee's fitness to work with the relevant hazard(s) cannot be verified and access may be prohibited. You have a duty to ensure that no work can occur that involves potential exposure to the relevant hazard/substance(s). If this individual currently has access to a research facility where the hazard is present, **you must inform** the manager of that facility in order that the facility can prohibit access after the expiry date of the current notification of fitness as recorded in your local CoSHH Health Passport of DATE.

There is a statutory obligation under Health & Safety legislation that valid COSHH risk assessments must be in place to identify any need for certain health surveillance requirements. It is the duty of the supervisor/manager (and ultimately Head of School or equivalent person) to ensure this compliance.

The University Director of Health and Safety is informed of this notification to ensure any potential compliance risk is identified.

If you identify that further health surveillance is required under CoSHH, you must contact the Occupational Health Service to arrange a further appointment and confirm ongoing exposure is likely.

Should you have any questions or require further information, please do not hesitate to contact us.

Yours sincerely,

On behalf of the Occupational Health Service

OHL2 - Rev May 2019

Appendix 13 – Health Surveillance programme timescales





University of Edinburgh – Occupational Health Service Request for Statutory Health Surveillance

It is the responsibility of the line manager or supervisor to ensure that suitable and sufficient COSHH risk assessments are carried out and affected employees are presented to OHS for health surveillance.

Please confirm you have received information, instruction and training in all applicable CoSHH risk assessments for the hazards you are exposed to at work and that you understand why you are on a health surveillance programme. Information regarding the process can be found at: https://www.ed.ac.uk/health-safety/occupational-health/staff/health-surveillance	Yes
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To allow us to process an initial baseline appointment, please FULLY complete the following information:

SECTION A – Person requiring health surveillance

Surname:		First Name:	
Date of Birth:		Staff/Student/Emp No:	
Work email address:			
Contact Tel:			
School/Department: (e.g. Clinical Sciences)		Centre/Unit: (e.g. Cardiovascular Science)	
Site/Building: (e.g. LF / QMRI)		Status: (Staff/PhD/MSc/External etc.)	

SECTION B – Type of surveillance being requested

Type(s) of health surveillance required as identified via risk assessment: (respiratory / skin / audiometry / other)	
Names of potential sensiter(s): e.g. animal allergens, resin, noise	

SECTION C - Reporting

Following your appointment your Notification of Fitness will be issued to your line manager/supervisor and School Safety Advisor for inclusion in your local Health (Exposure) record:

Line manager/Supervisor:	Name:	
	Email address:	
School Safety Advisor:	Name:	
	Email address:	

SECTION D - Signature

Signature:		Date:	
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SECTION E - (For OHS use only)

Checked eOPAS:		File made:	
Date:			

Please return completed form to: Occupational.health@ed.ac.uk or Occupational Health Service, Drummond Street Annexe, Drummond Street, Edinburgh, EH8 9XP