

Three important points to remember are that:

- you must keep health records of the health surveillance carried out;
- people must be competent to undertake health surveillance techniques;
- health surveillance will only work if you act on the results - it should be clear how and when people should be referred for further examination and how the results will be used to improve how you manage health risks.

How do I know which type of health surveillance is appropriate?

The first thing to do is to look at HSE guidance relevant to your business (you can find information on this in HSE's more detailed guidance on health surveillance - see the further reading section at the end of this leaflet). Much of this includes advice on which jobs might require health surveillance and what you need to do in response. You can seek general advice on your legal duties in relation to health surveillance from the Employment Medical Advisory Service, based in HSE offices. Suppliers and manufacturers of equipment and substances often provide information on specific health risks. Professional bodies, particularly those which oversee the training of occupational health professionals, could also be useful sources of information.

How should I involve my employees and their representatives?

Involve them early on to ease fears and build trust. Employees need to understand their role and responsibilities in the health surveillance programme. They need to be sure there are safeguards to protect their jobs if evidence of ill health is found. They need to be asked for their consent to certain health surveillance procedures and be sure that medical information is treated in confidence. Involve safety representatives as they can often be a source of useful, common sense advice about how best to manage change to workplace practices.

Further reading

HSE has produced more detailed guidance, *Health surveillance at work* (HSG61 (Second edition) HSE Books 1999 ISBN 0 7176 1705 X), which builds on this leaflet and explains more about when health surveillance is appropriate. It runs through the steps to take to ensure that health surveillance is introduced successfully into firms.

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This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you may need to do.

This leaflet is available in priced packs of 15 from HSE Books, ISBN 0 7176 1712 2. Single free copies are also available from HSE Books

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Understanding health surveillance at work

An introduction for employers



Some health and safety regulations require employers to provide health surveillance for their employees. This leaflet briefly explains health surveillance, giving you enough information to help you decide whether you need to look further into introducing it in your firm.

What is health surveillance?

Health surveillance is about systematically watching out for early signs of work-related ill health in employees exposed to certain health risks. It means putting in place certain procedures to achieve this. These procedures include:

- simple methods, such as looking for skin damage on hands from using certain chemicals;
- technical checks on employees, such as hearing tests;
- more involved medical examinations.

Don't confuse this type of health surveillance with health promotion or general health checks.

How do I know whether I should introduce health surveillance?

The starting point is your risk assessment. Through this, you should have found out the health hazards in your workplace, identified who is at risk and taken measures to do something to control the risk. Where risks remain, you will need to take further steps, one of which is to consider health surveillance. But remember that *health surveillance is not a substitute for controlling health risks at work.*

In particular, ask yourself whether any of your employees is at risk from:

- noise or hand-arm vibration. If so, health surveillance may be needed under the Management of Health and Safety at Work Regulations 1999;

- solvents, fumes, dusts, biological agents and other substances hazardous to health. If so, health surveillance may be needed under the Control of Substances Hazardous to Health Regulations 2002;
- asbestos, lead or work in compressed air. If so, medical examinations may be needed under specific regulations;
- ionising radiations or diving. If so, fitness for work medical checks may be needed under specific regulations on these.

HSE has produced guidance on the above to explain the legal requirements (you can find information on this in HSE's more detailed guidance on health surveillance - see the further reading section at the end of this leaflet).

For exposure to some other health risks such as manual handling, work-related upper limb disorders, work that might give rise to stress-related diseases and symptoms from whole body vibration, there are no specific legal requirements for health surveillance. This is mainly because valid ways to detect ill health do not exist yet and/or the link between work and the ill health condition is uncertain. In these cases, use other methods to monitor the health of employees exposed to these risks, such as encouraging symptom reporting and checking sickness records.

What's the value?

Health surveillance provides you with information which helps you to protect employees from illness caused by being exposed to health risks at work. It enables you to manage these risks effectively by acting as a check on:

- how your control measures are working; and
- helping to pinpoint where you need to take further steps.

It also provides a valuable opportunity for feedback from employees and a chance to reinforce your health and safety messages to them.

How is it carried out and who can do it?

In its simplest form, health surveillance involves employees checking themselves for signs or symptoms of ill health. *But these self-checks can only be carried out where they are part of wider health surveillance programme.* They will only work where employees have been properly trained on what to look for and know to whom to report symptoms. An example would be employees noticing soreness, redness and itching on their hands and arms, where they work with substances that can irritate or damage the skin.

A responsible person can be trained to make basic checks such as skin inspections for signs of rashes and could, for example, be a supervisor, employee representative or first aider. For slightly more complicated assessments, an occupational health nurse can ask about symptoms or carry out an examination. For certain hazards, clinical examinations may need to be carried out by a doctor, preferably one trained in occupational medicine.