

# 14 Health Surveillance, and Health Monitoring

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## Introduction

14.1.1 This chapter provides guidance on the management of Occupational Health Surveillance (HS) and Occupational Health Monitoring (HM). Occupational health is concerned with the effects to the health of the individual from their work and workplace and the effects that their health may have on their work. Health surveillance and health monitoring offer tools to identify work-related disease or ill health to help minimise the effects to help the management of the health risks. The connection between cause and effect of work-related ill health is not always obvious; it can often take some time for symptoms to develop. For some personnel a health issue will affect their ability to work or the type of work they can do. In other cases the work itself may have the potential to affect personnel's health.

14.1.2 The majority of MOD civilians in the UK will receive their OH from the OH service provider via DBS People Services. In some cases, civilian personnel may receive some OH services from military establishment medical facilities if they are based on those establishments and necessary arrangements are in place. Where these services are available to civilian personnel, it is incumbent on those service providers and local management to ensure there are effective arrangements in place to deliver adequate support.

14.1.3 Service personnel will receive their OH nursing and occupational medicine support from military establishment medical centres. The arrangements for Service personnel to access OH services are contained in single and Joint Service instructions and publications.

14.1.4 **Health Surveillance (HS)** - is legally required for some personnel depending upon their risk of exposure to certain risks associated with a work activity e.g. asbestos, lead, noise or vibration (hand/arm), diving, working in compressed air atmosphere, welding, ionising radiation and, some solvents, fumes, dusts, biological agents and other substances hazardous to health which are linked with a known health condition. HS can also be used to help identify failures in control measures where early signs of disease or ill health have been identified. HS is a system of on-going health checks important for:-

- Providing data to help evaluate health risks;
- Enabling employees to raise concerns about how their health is or may be affected by their work or visa versa;

- Highlighting lapses in workplace controls, and giving feedback to risk assessments.

**NOTE** HS should not be confused with health promotion or general health checks, it is not the same as a normal health check-up with a Service Medical Officer (SMO) or General Practitioner (GP)

14.1.5 **Health Monitoring (HM)** – is an informal system used where the health effects from work activities are not specific to a work activity e.g lower back pain that may be common in the general population through non-work events. Other issues where an individuals' health status may affect others e.g. epilepsy in safety critical roles<sup>1</sup>, skin conditions in food handlers, etc. are more likely to be managed using health monitoring. It should be supported by information and training and encouraging personnel to report effects or symptoms early using self-assessment tools and/or reporting systems. In practice and delivery this service is very similar to HS.

**NOTE:** HS and/or HM is not to be confused with general health promotions or well-being initiatives.

## Roles and Responsibilities

### Commanding Officers (COs)/Heads of Establishment (HoEs)

14.2.1 The CO/HoE is to assure themselves that all activities on their unit/establishment that require HS/HM have been identified and that suitable and appropriate HS/HM programmes for new and existing staff are developed, implemented. Where services through the OH Service Provider (Defence Primary Healthcare (DPHC)/ civilian OH contractor) are not available, CO/HoEs must source and fund suitable equivalent services to provide the required HS/HM.

14.2.2. The CO/HoE must assure themselves that OH services are available and suitable information, instruction and training is available to ensure that all defence personnel (Service and civilian) are aware of the services available and how to access OH services on their unit/establishment.

### Manager

14.2.3 The manager should be aware of the work activities undertaken by their personnel and whether they require HS/HM arrangements (should be identified by risk assessment). The manager should also be aware that their personnel may be unwilling to admit even to themselves that they may have health problems that may affect their work because of fears about their job security or the stigma attached to certain types of illnesses. OH services can be used as a positive means to keep personnel in work as well as helping to identify underlying trends and ill health patterns. If the manager is unsure whether the work activities require HS/HM, they should seek further advice from either their local health and safety adviser or from their TLB Chief Environment and Safety Organisation (CESO).

14.2.4 Where some legislation requires that HS/HM must be implemented i.e. welders, wood workers, people working with respiratory sensitizers (isocyanates), carcinogens,

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<sup>1</sup> A role where the failure of the individual may cause serious injury or death to human beings e.g monitoring a plant room control system

working with asbestos or lead, exposure to ionizing radiation, noise and vibration etc.: or where its necessity is identified by risk assessment for the work activities being undertaken i.e. COSHH, it must be introduced. It is advisable to establish a baseline upon which further exposure or surveillance results can be evaluated. Regular follow ups will be required by an Occupational Health practitioner at intervals specified either by regulation or the practitioner HS/HM has two levels of assessment, described as follows:

- **Level 1 - Self-Assessment** - This is carried out by personnel on themselves using a self-assessment questionnaire (e.g. whole body vibration, manual handling, stress). Adverse HS/HM findings must be sent to the local Services Medical Officer (SMO) (for Service personnel) or to DBS-People Services, for referral to the OH provider (for civilian staff);

**NOTE:** Self-assessments on their own are not sufficient compliance where provision of HS is a legal requirement; a Level 2 assessment is also required.

- **Level 2 – Targeted Assessment** - If the self-assessment questionnaire identifies any adverse findings or where provision of HS is a legal requirement (e.g. occupational noise, Hand Arm Vibration, COSHH). The HS/HM Targeted Assessment may involve more detailed questionnaires, medical examinations and specimen testing etc. depending upon the particular health hazard identified. The individual will be provided with the results of HS/HM in a format that they can understand and that is suitable for forwarding to their SMO/GP. The results of any tests should be provided to the individual and fully explained, particularly if any employment restrictions are recommended. Personnel must tell their Manager the results of any assessment in general terms and are not required to reveal clinical or medical details. The Manager should receive a MOD form 5051 as confirmation that the assessment has been completed.

14.2.5 There are also legal requirements for some personnel (Service and civilian) employed in specific roles to have regular and/or age related medical examinations which may incorporate some elements of HS/HM; e.g. Defence Rail and Container Services (in safety critical tasks); MOD Police, Drivers (HGV/PCV) and Workers at Heights (>15 metres).

14.2.6 In addition to the legal requirements, Managers need to be aware that HS/HM may be required where for example:

- working patterns significantly exceed an 8 hour working day and/or 40 hour working week;
- proven events of work related illness/ill health occur;
- absenteeism is ascribed to work;
- there has been a failure of control measures (e.g. accidental exposure to chemicals).

These medicals should be accessed through the normal occupational health routes for Service and civilian personnel.

14.2.7 The manager should promote the use of OH as a way of helping to ensuring a safe and healthy workplace for their staff. The manager should make familiarise themselves of how to access OH services (DPHC for Service provision or via People Services for civilians) and;

- what service is appropriate to their personnel needs;
- how to order the service when required; and

- how to act on the advice received.

14.2.8 The OH service provider will communicate to the manager as to whether the personnel referred is fit for work or not and what, if any, work restrictions should apply. The OH service provider will not disclose any medically confidential information to the manager without the prior written consent from the individual concerned.

14.2.9 Where the data collected shows that work could be affecting health of personnel, this data should be discussed with personnel at an early stage so that options for improvements can be evaluated. The Manager may involve local Trade Union Safety Representatives/ Employee Safety Representatives at any stage and they are entitled to see anonymised HS and HM data. Any restrictions on employment or engagement in an activity that exposes personnel to an increased health risk should be enforced by the Manager.

14.2.10 Managers of civilian personnel, should as a result of the risk assessment HS or HM ensure that this recorded onto HRMS for the individual concerned. Once recorded on to HRMS, Managers will be automatically provided with a reminder two months prior to the expiry of their staffs occupational health surveillance/monitoring. An offline process is available for those without DII .. Guidance on this process can be found on the [People Pages under Occupational Health Advice](#).

14.2.11 Managers of Service personnel should refer the individual to their local DPHC facility who will record on Defence Medical Information Capability Programme (DMICP) that HS has been delivered. Currently all Service personnel undergo regular HS in the form of audio-logical testing (audiograms). There is no reminder facility DMICP and so either the Manager must set up a reminder, or the local medical provider must set it up. The individual should also be encouraged to set up their own personal reminder.

14.2.12 Any HS/HM examination are to be provided free of charge to the individual (some examinations and tests may be charged to the TLB) and should, where possible, be carried out during working time. Managers must also ensure that personnel are:

- consulted and given opportunity to comment;
- provided with information on the results of their own test or examination in an easily understood format;
- informed of the significance of any other monitoring e.g. tests for airborne particles or solvents, and be informed about;
  - the purpose of HS/HM, and their duty to attend;
  - the nature and degree of risks to health arising from exposure;
  - the control measures that have been adopted, and why;
  - the reasons for using any type of personal protective equipment (PPE/RPE) and clothing, such as respirators or gloves;
  - results of any surveillance/monitoring of workplace hazards and or routines.

14.2.13 Where HS/HM examinations are carried out on the MOD's premises suitable facilities must be made available; this will include a clean, warm room that is well ventilated having a wash basin and provision for privacy; there should also be a suitable separate waiting area.

14.2.14 The manager must record and retain locally all Level 1 non-medical HS/HM records All Level 2 Medical HS/HM data/records will be retained by the OH practitioner (e.g. DPHC for Service personnel or the OH service provider for civilians).

## All Personnel

14.2.15 All personnel have individual responsibilities in the workplace to keep themselves and others safe. Where managers have identified that HS/HM is appropriate for the work being undertaken, the purpose of the HS/HM should be explained to them by their manager. Personnel are individually responsible for attending any appointment with the OH service provider for HS/HM. This appointment is free of charge to personnel, depending on the appointment it may not always be possible for it to be held at their workplace. Personnel are required to comply with any requirements for delivery of HS/HM. Personnel should be provided with a copy of the results of any test or examination including results of any other monitoring e.g. tests for airborne particles or solvents. Any results from these assessments should be discussed with the Managers. Results from these assessments should be discussed with their Managers.

14.2.16 All personnel identified a working with a health hazard are responsible for completing a Level 1 Self-Assessment and reporting any ill health or other symptoms that they think may be related to the work they are conducting; or as a result of an exposure resulting from failed control measures. Self-assessment could include:

- visually checking for redness, flaking and/or cracking of the skin;
- muscular and/or skeletal pain;
- nausea;
- headaches;
- tingling of the extremities e.g. fingers.

14.2.17 It is important if personnel suspect that they are being exposed to hazards which could harm their health and/or develop any symptoms which may be work-related and they are not receiving any HS/HM, they should discuss the matter with their manager and request that any relevant risk assessments are re-evaluated and appropriate action taken as a result.

## Retention of Records

14.3.1 Records of Level 1 HS/HM provision (MOD Form 5051 can be used for this purpose) must be retained locally for three years and retained in archive for 50 years from the last date of entry because there is often long period between exposure and onset of ill health. Level 2 OH/HS/HM records are retained by the OH service provider. When the contracted service provider changes, the records held by the previous contractor must be returned to MOD and retained in accordance with JSP 375 Part 2, Volume 1, Chapter 39 (Retention of Records). It is good practice to offer personnel a copy of their health record when they leave employment.

14.3.2 Individual, up-to-date health records must be kept for each employee placed under health surveillance. These should include details about the employee and the health surveillance procedures relating to them. Employee details should include:

- surname;
- forename(s);
- gender;
- date of birth;
- permanent address, including post code;

- National Insurance number;
- date present employment started;

14.3.3 Recorded details of each HS/HM check should include:

- the reason for the HS/HM;
- the date they were carried out and by whom;
- the outcome of the test/check;
- the decision made by the occupational health professional in terms of fitness for task and any restrictions required. This should be factual and only relate to the employee's functional ability and fitness for specific work, with any advised restrictions.

14.3.4 The record should be kept in a format that it can be linked with other information (e.g. with any workplace exposure measurements). If you are collecting an historical record of jobs or tasks completed during current employment, involving exposure to identified substances requiring health surveillance it is useful to store them with this record. This information may be necessary to defend against future claims.

## Related Documents

14.4.1 The following documents should be consulted in conjunction with this chapter.

### JSP 375 Part 2 Volume 1

- Chapter 08 – Health and Safety Risk Assessment
- Chapter 10 – Manual Handling
- Chapter 11 – Control of Substances Hazardous to Health
- Chapter 19 – Young Persons
- Chapter 20 – New and Expectant Mothers
- Chapter 25 – Noise at Work
- Chapter 26 - Vibration
- Chapter 36 – Asbestos
- Chapter 39 – Retention of Records.

### Other MOD Guidance

- [DBS People Services - Policy Rules and Guidance document “Occupational Health Advice and Support”](#)
- [OH Assist Occupational Health User Guide](#)
- [DBS People Services – Health Wellbeing and Sickness – Occupational Health Advice – User Guidance – Managing Health Surveillance Assessments on HRMS](#)
- DBS People Services “How to” guides for Attendance Management
- [DBS People Services Health and Wellbeing Strategy](#)
- [DBS People Services Health and Wellbeing Support and Assistance](#)
- Brd 1750 – Handbook of Naval Medical Fitness
- AP 1269A – RAF Manual of Medical Fitness
- JSP 950 – Medical Policy

## Legislation and Other Guidance

- [Legislation Gov.UK - Management of Health and Safety at Work Regulations;](#)
- [Legislation Gov.UK - Control of Substances Hazardous to Health Regulations;](#)
- [Legislation.Gov.UK - Control of Asbestos Regulations;](#)
- [Legislation.Gov.UK - Work in Compressed Air Regulations;](#)
- [Legislation.Gov.UK - Health and Safety \(Display Screen Equipment\) Regulations;](#)
- [Legislation.Gov.UK - Diving Operations at Work Regulations;](#)
- [Legislation.Gov.UK - Food Hygiene Regulations;](#)
- [Legislation.Gov.UK - Ionizing Radiation Regulations;](#)
- [Legislation.Gov.UK – Ionizing Radiation \(Medical Exposure\) Regulations;](#)
- [Legislation.Gov.UK - Control of Lead at Work Regulations;](#)
- [Legislation.Gov.UK - Working Time \(Amendment\) Regulations;](#)
- [Legislation.Gov.UK - Control of Noise at Work Regulations;](#)
- [Legislation. Gov.UK – Merchant Shipping and Fishing Vessels \(Control of Noise at Work\) Regulations](#)
- [Legislation.Gov.UK - Control of Vibration at Work Regulations;](#)
- [Legislation.Gov.UK – Road Traffic Act and Motor Vehicles \(Driving Licenses\) Regulations;](#)
- HSE - [Understanding Health Surveillance at Work website](#) ;
- HSE – [COSHH Health Surveillance](#)
- HSE – [HSG 256 – Managing Shift Work and Guidance.](#)



HEALTH SURVEILLANCE/MONITORING FLOW CHART

