UNIVERSITY OF BATH HEALTH AND SAFETY STANDARD

Occupational Health Surveillance

Version Number	2	Date of Approval	June2025	Review Date	Three years from date of approval
History	This standard provides a practical means of implementing the Health & Safety Monitoring Policy with regard to providing occupational health surveillance. This standard replaces the Occupational Health Surveillance Policy.				
Author and Lead	Paul Maggs, Health and Safety Advisor.				
Aims	This standard provides a practical means of providing statutory health surveillance. An occupational health surveillance programme provides a number of benefits, including: • The detection of occupational ill health effects at an early stage, where intervention can have the greatest benefit; • The provision of occupational health surveillance data to enable the better evaluation of health risks; • The highlighting of lapses in workplace control measures; • The provision of a formal route whereby employees can raise concerns about occupational ill health; and • The provision of a means to reinforce employee training & education with regard to occupational health risks. An occupational health surveillance programme supplements risk assessments, effective control measures & completing inspections, but does not replace them.				
Scope	This standard applies to all statutory occupational health surveillance. This standard also applies to night worker health assessments.				
Relevant Legislation	Legal requirements The statutory framework for the provision of occupational health surveillance is complex. The combined regulations set a general requirement for the provision of surveillance. The regulations also set specific surveillance requirements if certain activities are undertaken or if exposure levels are exceeded. Some health conditions are reportable under the RIDDOR requirements. • Health & Safety at Work etc. Act 1974 (HaSWA) • Management of Health & Safety at Work Regulations 1999 (MHSWR) • Control of Substances Hazardous to Health Regulations 2002 (COSHH) • Control of Noise at Work Regulations 2005 (NAWR) • Control of Lead at Work Regulations 2002 (CLAW) • Control of Asbestos Regulations 2012 (CAW) • Ionising Radiations Regulations 1999 (IRR) • Control of Vibration at Work Regulations 2005 • Compressed Air Regulations 1996 • Working Time Regulations 1998 (WTR) • Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2012 (RIDDOR)				
Definitions	Occupational health surveillance				

Occupational health surveillance is a system of ongoing health checks for the early detection of specific ill health effects arising from work. The checks made can vary from enquires made about symptoms using questionnaires to medical tests performed by a health professional.

Occupational health surveillance is a particular legal requirement & should not be confused with other systems of health checks such as:

- Monitoring health where the effects from work are suspected but cannot be established;
- Workplace wellbeing checks, such as promoting healthy living; and
- Fitness to work examinations (eg crane operators, FLT operators, HGV operators, divers, etc.).

Strictly speaking, night worker health assessments do not fall into the category of health surveillance. However, the format & processes followed are similar, so night worker assessments are included within the scope of this standard. Provision of a night workers assessment programme is mandatory, but participation for enrolees is voluntary.

Occupational health surveillance – general requirement

The MHSWR sets out a general requirement for providing occupational health surveillance where employees are exposed to agents that are hazardous to their health, and the risk assessment identifies surveillance as appropriate.

The COSHH regulations set out a general requirement for providing occupational health surveillance where the general criteria for surveillance are met & the agent hazardous to their health is a chemical or microorganisms.

The general requirements to provide health surveillance applies if the following criteria apply:

1. There is an identifiable disease or adverse health condition related to the work concerned;
2. Valid techniques are available to detect indications of the disease or condition;
3. There is a reasonable likelihood that the disease or condition will occur under the particular work conditions; and
4. Surveillance is likely to further the protection of the health & safety of the employees to be covered.

The general requirement for providing occupational health surveillance is partly risk based, but consideration must also be given to the availability of reliable detection methods & the likely benefit to employees.

Occupational health surveillance – statutory medical surveillance

Statutory medical surveillance is occupational health surveillance that is required by a specific set of regulations in response to specified activities or exceeding specified exposures. If the conditions are met, then the statutory medical surveillance must be performed. A summary of statutory medical surveillance triggers are listed in the Appendix.

Appointed Doctors

Statutory medical surveillance must be delivered by an Appointed Doctor. Appointed Doctors are Doctors who are approved by the Health & Safety Executive to provide statutory medical surveillance.

Occupational health doctors & nurses

Occupational health doctors & nurses provide health surveillance services for employers whose employees are exposed to certain hazards at work (eg, asthmagens, noise & hand-arm vibration). They should not be confused with Appointed Doctors who perform statutory medical surveillance (although some Doctors may be able to fulfil both roles).

Occupational health surveillance programme enrolees

	The occupational health surveillance programme enrolees are persons who have been identified as requiring occupational health surveillance. Occupational health surveillance is provided by the University to employees in compliance with its statutory duties. The University will extend surveillance to students where the University places them in a situation where an employee in the same circumstances would receive surveillance. The HaSWA imposes a duty upon employees to cooperate with his employer so as to enable the employer to comply with his statutory duties. This duty extends to cooperating with employer to complete statutory occupational health surveillance for which they are enrolled.
	Health record A health record is a record kept for each enrolee that records the findings of occupational health surveillance. The content of a health record is prescribed by legislation & includes sufficient detail to identify the enrolee, the reason for undertaking health surveillance & the findings of the surveillance. The findings are recorded solely in terms of fitness to work. A health record is not a medical record (as might be maintained by an Occupational Health Practitioner for instance).
	Health surveillance cycle The health surveillance cycle is a sequence of actions recommended by the Health & Safety Executive to manage occupational health surveillance requirements. A summary of the health surveillance cycle can be found in the Appendix.
Responsibility for implementation	Head of Department Safety, Health & Employee Welfare (SHEW)) Occupational Health Service provider (currently the Royal United Hospital Occupational Health) Human Resources
Training availability:	Where training needs are identified (for example, by risk assessment), SHEW will facilitate by identifying required outcomes and identifying a suitable training provider.

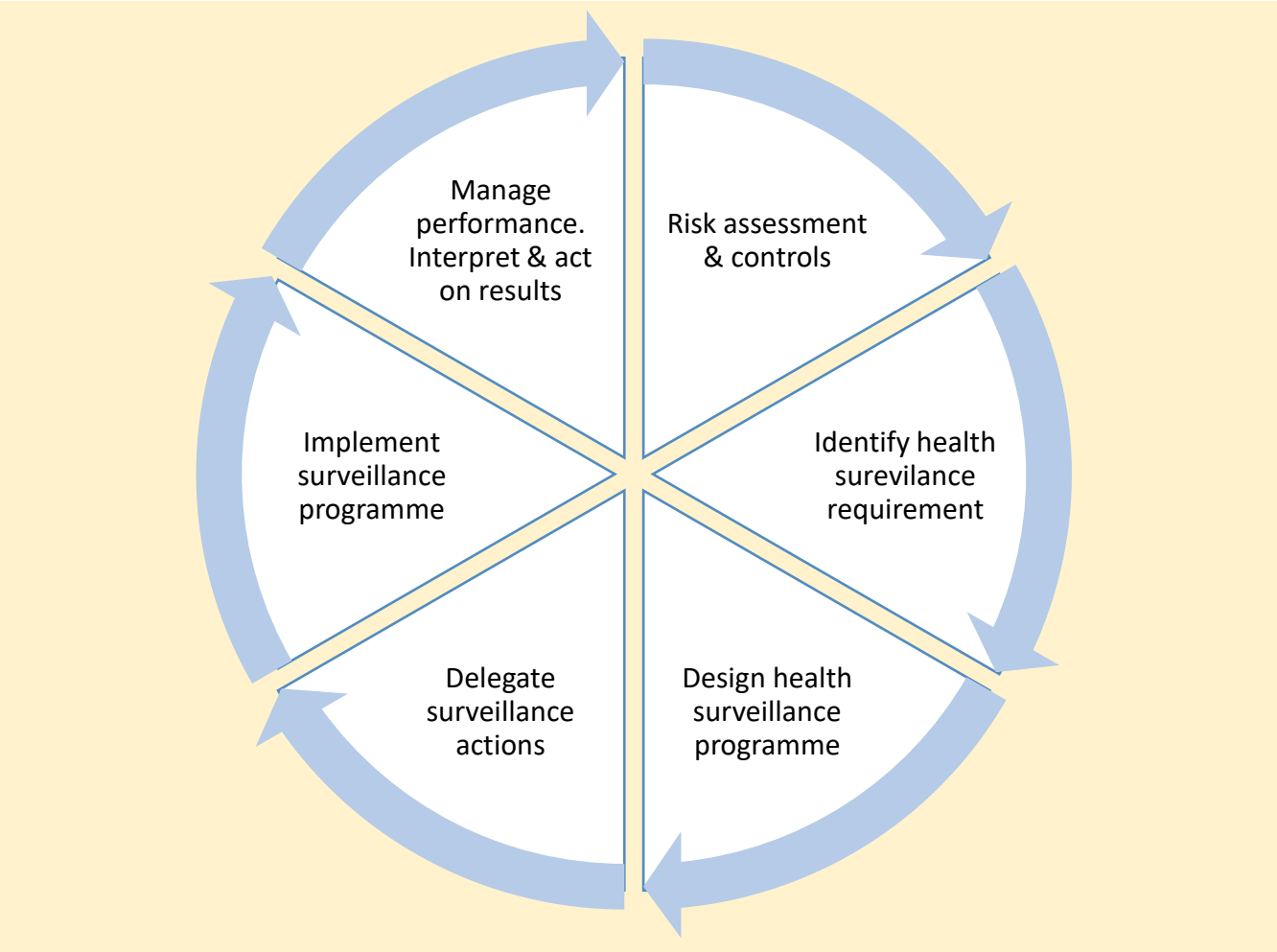
Standard to meet:		**Accountability**	**Reference documents & more information**
	The standards to meet are arranged to match the health surveillance cycle. (See the definitions & Appendix).		
	Health Surveillance Cycle: Risk Assessment & controls		
1	Risk assessment For activities that might trigger a requirement for occupational health surveillance, Department must complete a suitable & sufficient risk assessment that addresses occupational health surveillance requirements.	Head of Department	*This requirement supplements existing requirement to assess risks & does not require additional assessments to be completed.*
2	Risk assessment guidance UHSE will issue guidance to facilitate identification of occupational health surveillance requirements.	SHEW	
3	Implement controls Departments must implement control measures to prevent or reduce exposure to agents that are likely to trigger a requirement for occupational health surveillance.	Head of Department	*This requirement supplements existing requirement to manage risk & does not require additional control measures to be implemented.*

4	Implement monitoring & inspection Departments must implement a programme of monitoring & inspection of activities that are likely to trigger a requirement for occupational health surveillance.	Head of Department	*This requirement supplements existing requirements to inspect the workplace & workplace activities. If a risk is such that health surveillance is required, then it is also deserving of periodic monitoring & inspection.*
	Health Surveillance Cycle: Identify health surveillance requirement		
5	Identify persons requiring surveillance Departments must identify persons who require occupational health surveillance. Departments must enrol persons who require occupational health surveillance with SHEW.	Head of Department	
6	Maintain a record of persons requiring surveillance SHEW will maintain a record of persons enrolled to receive occupational health surveillance. SHEW will confirm current enrolment lists with Departments at least annually.	SHEW	
	Health Surveillance Cycle: Design health surveillance programme		
7	Design & document occupational health surveillance programmes SHEW will liaise with the Occupational Health Service provider to formulate a suitable surveillance programme to meet the identified needs.	SHEW OHS	
	Health Surveillance Cycle: Delegate surveillance actions		
8	Enrolees actions Enrolees will cooperate with programme implementation. This includes returning questionnaires in good time & attending health surveillance appointments as necessary.	Occupational health surveillance programme enrolees	
	Health Surveillance Cycle: Implement surveillance programme		
9	Arrange surveillance SHEW will contact the occupational health surveillance programme enrolees to arrange for surveillance to be performed.	SHEW	The majority of surveillance will use questionnaires to enquire about possible symptoms. Persons who report significant symptoms will receive further surveillance from the Occupational Health Service. Some enrolees who are at higher risk may receive surveillance from the Occupational Health Service as a matter of course.
10	Record of actions	SHEW	

	SHEW will keep records of the actions taken to implement the occupational health surveillance programmes.		
11	Reporting actions SHEW will report to Departments the progress made in completing occupational health surveillance for their enrolees. The report will highlight enrolees who have not submitted questionnaires, attended appointments or who have otherwise failed to engage.	SHEW	
12	Act on progress reports Departments will act upon reports of their enrolees who have not submitted questionnaires, attended appointments or who have otherwise failed to engage.	Head of Department	
	Health Surveillance Cycle: Manage performance, interpret & act on results		
13	Record of findings SHEW will maintain a health record for each enrolee. The record will include the findings of occupational health surveillance.	SHEW	
14	Reporting findings SHEW will report to Departments the findings of occupational health surveillance for their enrolees. The report will be couched in terms of fitness to work. SHEW will report to Departments any recommendations arising from occupational health surveillance.	SHEW	
15	Act on recommendations Departments will act upon any recommendations arising from occupational health surveillance.	Head of Department	
16	Enrolee not fit to work The surveillance programme may occasionally identify an enrolee as being not fit to work. All declarations that an enrolee is not fit for work will be made by the Occupational Health Service. SHEW will report enrolees found not fit for work to Human Resources & their Department Head. At this point, other standards will be applied (such as making reasonable adjustments, etc.).	OHS SHEW Human Resources Head of Department.	
17	Enrolee has a reportable condition The surveillance programme may occasional identify an enrolee as having a RIDDOR reportable health condition. All declarations that an enrolee has a reportable health condition will be made by the Occupational Health Service.	OHS SHEW	Instances of RIDDOR reportable occupational ill health will be treated as would any other accident or incident. The procedures for submitting RIDDOR reports will be followed.
18	Departmental Safety Team / Department Health & Safety committee meetings	Head of Department	

	Where relevant, Departments will report the progress & findings of the occupational health surveillance programmes at their Departmental Safety Teams meetings / Departmental Health & Safety Committee meetings.		
20	Review risk assessments & controls Departments will incorporate the findings of occupational health surveillance into the process whereby risk assessments & control measures are reviewed.	Head of Department	
21	Review monitoring & inspection Departments will incorporate the findings of occupational health surveillance into the process whereby monitoring & inspection regimes are reviewed.	Head of Department	
22	Occupational health surveillance programme review SHEW will review each surveillance programme after each surveillance round.	SHEW	

Appendix: The Health Surveillance Cycle[1]



The diagram provides an overview of the health surveillance cycle. As an employer, the University has a central role in every aspect with involvement from employees to ensure effective implementation.

[1] The health surveillance cycle, derived from the Health & Safety Executive health surveillance cycle diagram & associated guidance. http://www.hse.gov.uk/health-surveillance/what/index.htm

Appendix: Summary of Medical Surveillance Requirements

Regulation	Statutory requirement
Management of Health & Safety at Work Regulations 1999 (MHSWR) General occupational health surveillance requirement	Creates a general requirement to provide health surveillance if the following criteria apply: 1 There is an identifiable disease or adverse health condition related to the work concerned; 2 Valid techniques are available to detect indications of the disease or condition; 3 There is a reasonable likelihood that the disease or condition will occur under the particular work conditions; and 4 Surveillance is likely to further the protection of the health & safety of the employees to be covered. This requirement is partly risk based, but also includes the availability of reliable detection methods & a consideration of benefits to employees.
Control of Substances Hazardous to Health Regulations 2002 (COSHH) General occupational health surveillance requirement arising from exposure to hazardous chemicals or microorganisms	Creates a general requirement to provide occupational health surveillance if the general criteria are met & the agent that might cause the health effect is a hazardous chemical or microorganism. This requirement is partly risk based, but also includes the availability of reliable detection methods & a consideration of benefits to employees. This requirement is the origin of the surveillance programmes for occupational asthma & occupational dermatitis.
Control of Noise at Work Regulations 2005 (NAWR) General occupational health surveillance requirement arising from exposure to noise	Creates a requirement to produce a risk assessment if employees are likely to be exposed to noise at or above the lower exposure action value. The risk assessment should decide if occupational health surveillance is required. The lower exposure action values are: • A daily or weekly average noise exposure of 80 dB(A); or • A peak sound pressure exposure of 135 dB(C) When determining if employees are exposed at or above the lower exposure action value, no account should be taken of personal hearing protectors.

Regulation	Statutory requirement
Control of Substances Hazardous to Health Regulations 2002 (COSHH) Statutory medical surveillance arising from specified substances & processes.	Statutory medical surveillance requirement triggered by any activity listed in COSHH Schedule 6. • Vinyl chloride monomer (VCM): In manufacture, production, reclamation, storage, discharge, transport, use or polymerisation. • Nitro or amino derivatives of phenol & of benzene or its homologues: In the manufacture of nitro or amino derivatives of phenol & of benzene or its homologues & the making of explosives with the use of any of these substances. • Potassium or sodium chromate or dichromate: In manufacture • Ortho-tolidine & its salts, Dianisidine & its salts, Dichlorobenzidine & its salts: In manufacture, formation or use of these substances • Auramine and/or Magenta: In manufacture. • Carbon disulphide, Disulphur dichloride, Benzene (including benzol), Carbon tetrachloride, Trichlorethylene: Processes in which these substances are used, or given off as vapour, in the manufacture of indiarubber or of articles or goods made wholly or partially of indiarubber. • Pitch: In manufacture of blocks of fuel consisting of coal, coal dust, coke or slurry with pitch as a binding substance The regulations do not define manufacture. Advice should be sought from UHSE on a case by case basis.
Control of Lead at Work Regulations 2002 (CLAW) Statutory medical surveillance arising from significant exposure to lead.	Statutory medical surveillance requirement triggered by significant exposure to lead as defined by CLAW. Significant exposure is: • Exposed to a concentration exceeding half the occupational exposure limit (OEL); • Exposed to a substantial risk of ingesting lead; or • Exposed by skin contact to lead alkyls or similar which can be absorbed. The OEL is an average exposure – a Time Weighted Average (TWA) - over an eight hour period. The lead OEL for lead are : • Lead alkyls is 0.10 mg/m3 • Lead other than lead alkyls 0.15 mg/m3.
Control of Asbestos Regulations 2012 (CAW)	Statutory Medical requirement triggered by employees carrying out work with asbestos (either licenced work or otherwise). The requirement is not triggered by unplanned accidental exposures.

Regulation	Statutory requirement
Ionising Radiations Regulations 1999 (IRR) Statutory medical surveillance arising from significant exposure to ionising radiation	Statutory medical surveillance requirement triggered by exposure levels to ionising radiation or directions given by the Employment Medical Advisory Service (EMAS) • The employee is a "classified worker" (i.e. likely to receive an effective dose in excess of 6 mSv per year or an equivalent dose which exceeds three-tenths of any relevant dose limit); • The employee receives an overexposure; or • The employee's work is subject to conditions imposed by an Appointed Doctor or Employment Medical Adviser.
Control of Vibration at Work Regulations 2005 Statutory medical surveillance arising from significant exposure to vibration	Statutory medical surveillance requirement triggered by regular exposure above the exposure action value or employees at risk for any other reason. • The risk assessment indicates there is a risk to health arising from exposure to vibration Employees are likely to be regularly exposed to vibration levels at or above an Exposure Action Value.
Compressed Air Regulations 1996 Statutory medical surveillance arising from work in compressed air atmospheres	Statutory medical surveillance requirement trigger by construction work carried out in compressed air (eg tunnelling).
Working Time Regulations 1998 Night workers health assessment	Night worker health assessment requirement triggered by regular night work. The WTR 2(1) contains an unwieldy definition of night work & managers should consult the regulations if they are in doubt. As a rule of thumb, a night worker is someone whose daily working time includes at least three hours of night-time work (i.e. between midnight & 5:00 am) on the majority of days, or regularly as part of a rota.

Appendix: Occupational Health Surveillance for Asthma

Occupational health surveillance is a system of ongoing health checks for the early detection of specific ill health effects arising from work. Occupational asthma is an allergic reaction that can occur in some people when they are exposed to substances that are respiratory sensitisers or asthmagens. These substances can cause allergic reactions, most seriously occupational asthma. Once developed, occupational asthma is irreversible, and early detection and action gives the best outcomes.

- The occupational health surveillance programme for asthma is specifically for those who are exposed to respiratory sensitisers at work and who might be at risk of developing occupational asthma.
- The occupational health surveillance programme for asthma is not an exposure control measure. The programme provides an early warning that occupational exposures might be having an adverse health effect.

- The occupational health surveillance for asthma enrolees list is checked annually with the relevant departments and research groups. If you think you should be enrolled, but have not been, then please contact SHEW.
- If you are exposed to allergens and work, and you suffer any of the symptoms listed below, then please report this to SHEW. If you are enrolled in the occupational health surveillance programme for asthma, then do not wait for the next round of surveillance before reporting.

Exposure Risks, Symptoms and Surveillance Program

Some examples of respiratory sensitisers that might be encountered in the University are listed below. This is not a definitive list, and departments should consult the references given and MSDS:

- Laboratory animal excreta/secreta Mainly from rodents (rats and mice). Also small mammals and insects
- Some hardwood dusts (a general term covering a wide variety of wood dusts).
- Isocyanates widely used in manufacture of polyurethane foams, plastics, coatings, varnish, two-pack paints, and adhesives.
- Glutaraldehyde widely used as a disinfectant and biocide.
- Latex used in latex gloves.
- Rosin-based solder flux fume. Most commonly, gum rosin (colophony) is the form used by solderers.

There is no definitive list of asthmagens, and departments will need to consult MSDS (especially for the risk phrase R42 “May cause sensitisation by inhalation”). There are some lists of commonly encountered industrial materials that can cause asthma (see the References below).

The occupational health surveillance programme for asthma makes inquiries about what allergens you are exposed to and about any symptoms that might indicate the development of an allergy due to occupational exposures. The symptoms that the programme inquiries about are:

- Eye irritation / itchy eyes
- Nasal irritation / blocked or runny nose / rhinitis
- Tight chest / wheeziness – this might happen at the time of exposure, or might be delayed until later in the day.
- Sleep interrupted by a tight chest or wheeziness.
- Symptoms alleviate when absent from work.
- Asthma

The University has a two-tier occupational health surveillance for asthma programme.

- The higher tier is for staff and students who are at a higher risk. An occupational health professional annually sees the enrolees. The enrolees will complete a health questionnaire and a lung function test.
- The lower tier is for staff and students who are at a lower risk of occupational asthma. The enrolees will complete an annual health surveillance questionnaire which will be assessed by SHEW.

Measuring Exposure

There are no occupational exposure standards for exposure to animal allergens. There are some immunoassay methods for the analysis of rat and mouse urinary protein, but this requires a specialist contractor. For other allergens, there may be exposure standards and recognised methods for measuring them.

References Occupational Asthma

- The Health and Safety Executive, website section occupational asthma.
- The Health and Safety Executive, Substances that can cause occupational asthma (a short list of respirator sensitisers commonly encountered in industry).
- The Health and Safety Executive, Critical assessments of the evidence for agents implicated in occupational asthma (a longer list of substances implicated in occupational asthma).
- The National Health Service, website section asthma.

Appendix: Occupational Health Surveillance for Hand-Arm Vibration Syndrome

Occupational health surveillance is a system of ongoing health checks for the early detection of specific ill health effects arising from work. Hand-Arm Vibration Syndrome (HAVS) that can occur in some people when they are exposed to vibration through the use of hand-tools. HAVS is a painful and disabling disorder of the blood vessels, nerves, and joints. HAVS is preventable, but once the damage is done it is permanent, and early detection and action gives the best outcomes.

- The occupational health surveillance programme for HAVS is specifically for those who are exposed to vibrating hand tools at at work and who might be at risk of developing occupational HAVS.
- The occupational health surveillance programme for HAVS is not an exposure control measure. The programme provides an early warning that occupational exposures to vibrations might be having an adverse health effect.
- The occupational health surveillance for HAVS enrolees list is checked annually with the relevant departments and research groups. If you think you should be enrolled, but have not been, then please contact SHEW.
- If you are exposed to vibrating hand tools at work, and you suffer any of the symptoms listed below, then please report this to SHEW. If you are enrolled in the occupational health surveillance programme for HAVS, then do not wait for the next round of surveillance before reporting.

Exposure Risks, Symptoms and Surveillance Program

Some examples of hand tools that might be encountered in the University are listed below. This is not a definitive list, and departments should consult their risk assessment. The risk is dependent upon how long and how often the equipment is used.

- Concrete breakers, concrete pokers;
- Sanders, grinders, disc cutters;
- Hammer drills;
- Chipping hammers;
- Chainsaws, brush cutters, hedge trimmers,
- Powered mowers;
- Scabblers or needle guns.

The occupational health surveillance programs makes inquiries about what equipment you use and how often you use it, as well as any symptoms that might indicate the development of a conditions related to hand-arm vibration exposure.

The symptoms are:

- Tingling in the fingers that last for more than 20 minutes after using vibrating equipment;
- Tingling in the fingers at any other time;
- Woken at night with pain, tingling or numbness in your hands or wrists;
- Numbness in your fingers for more than 20 minutes after using handheld vibrating tools;
- Finger(s) go white on cold exposure in a manner similar to “white finger.”

The University has a single-tier programme for occupational health surveillance for HAVS.

- The single tier is for staff and students who are at risk of HAVS. The enrolees will annually complete a health questionnaire that makes inquiries about HAVS symptoms. (There are slightly different forms for different departments that match the questions asked with the hand tools used).

Measuring Exposure

There are occupational exposure levels for hand-arm vibration. For details consult the University Noise and vibration policy. The Control of Vibration at Work Regulations set action values and exposure limit values.
The University can measure hand-arm vibration exposure – Please contact SHEW for details.

References Occupational HAVS

- The Health and Safety Executive, website section HAVS.
- The National Health Service, Vibration White Finger Raynaud’s Syndrome.
- The University of Bath, University Noise and Vibration Policy.

Appendix: Occupational Health Surveillance for Dermatitis

Occupational health surveillance is a system of ongoing health checks for the early detection of specific ill health effects arising from work. Dermatitis is a skin condition caused by contact with something that irritates the skin or causes an allergic reaction. It usually occurs where the irritant touches the skin, but not always. Someone who has dermatitis may experience symptoms of itching and pain. The signs and symptoms of this condition can be so bad that the sufferer is unable to carry on at work.

Irritant contact dermatitis can occur quickly after contact with a strong irritant, or over a longer period from repeated contact with weaker irritants. Irritants can be chemical, biological, mechanical, or physical. Repeated and prolonged contact with water (e.g. more than 20 hand washes or having wet hands for more than 2 hours per shift) can also cause irritant dermatitis.

Allergic contact dermatitis can occur when the sufferer develops an allergy to a substance. Once someone is 'sensitised', it is likely to be permanent and any skin contact with that substance will cause allergic contact dermatitis. Often skin sensitisers are also irritants.

- The occupational health surveillance programme for dermatitis is specifically for those who are at risk of developing occupational dermatitis (either irritant contact dermatitis or allergic contact dermatitis).
- The occupational health surveillance programme for dermatitis is not an exposure control measure. The programme provides an early warning that occupational exposures might be having an adverse health effect on the skin.
- The occupational health surveillance for dermatitis enrolees list is checked annually with the relevant departments and research groups. If you think you should be enrolled, but have not been, then please contact SHEW.
- If you are exposed to a dermatitis risk at work, and you suffer any of the symptoms listed below, then please report this to SHEW. If you are enrolled in the occupational health surveillance programme for dermatitis, then do not wait for the next round of surveillance before reporting.

Exposure Risks, Symptoms and Surveillance Program

Some examples of agents that might cause dermatitis that might be encountered in the University are listed below. This is not a definitive list, and departments should consult the references given and their risk assessments:

- Some chemical agents (risk phrase R43 “May cause sensitisation by skin contact”, irritant, corrosive, etc.);
- Biological agents (contact with animal and insect proteins / excreta / secreta, etc.);
- Wet work (repeatedly wet skin for long periods); and
- Mechanical abrasion of the skin (from handling rough or abrasive materials).

Some examples of work activities (and the agents involved) that might have a significant occupational dermatitis risk, and which might be encountered in the University are listed below. Again, this is not a definitive list, and departments should consult the references given and their risk assessments:

- Agricultural (artificial fertilisers, fuels, solvents, wet work, plants, wood dust, etc.);
- Carpentry (dust, preservatives, dyes, fungicides, glues, turpentine, varnishes, wood dust, etc.);
- Catering (acids and alkalis, scale-removers, bleaching agents, detergents, vegetable juices, wet-work. garlic, etc.);
- Cleaning (detergents, other cleaning products, solvents, wet work, etc.);
- Construction (cement, dusts, solvents, wet work, building materials, etc.);
- Metalworking (cutting oils / fluids, solvents, metal shavings / dusts, chromium, nickel, etc.)
- Mechanical repair (aggressive hand cleaning products, fuels, oils, paints, solvents, cleaners, chromium, epoxy resin, nickel, etc.);
- Painting (aggressive hand cleaners, solvents, thinners, chromium, epoxy, polyester resins, etc.); and
- Veterinarian (animal proteins / excreta / secreta, disinfectants, wet work, some anaesthetics, antibiotics and antiseptics, formaldehyde, glutaraldehyde, latex protein, etc.).

The symptoms of dermatitis are:

- Skin redness;
- Skin scaling, flaking;
- Skin blistering, weeping, or cracking;
- Skin swelling.

The University has a single-tier programme for occupational health surveillance for dermatitis.

- The single tier is for staff and students who are at risk of dermatitis. The enrolees will annually complete a health questionnaire that makes inquiries about dermatitis symptoms.

References Occupational Dermatitis

- Health and Safety Executive, website section occupational dermatitis.
- The National Health Service, website section contact dermatitis.

Risk Assessment Record

Risk Assessment of:	**Assessor(s):**	**Date:**
Overview of activity / location / equipment / conditions being assessed: Occupational health surveillance – likely agents & circumstances that may trigger a requirements of occupational health surveillance.	File reference U:\UHSE Confidential\Managing H&S\Policies\01-Background-materials\2016-health-surveillance\2016-health-surveillance-standard-draft-v02.docx	
Generic or specific assessment? Generic risk assessment	Context of assessment: Desktop assessment – can be adopted or adapted by Department for local use	

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	Exposure to some agents may cause occupational ill health over a period of time. Reference Management of Health & Safety at Work Regulations 1999 (MHSWR)	Employees exposed Student exposed Existing health conditions may make some people more likely to develop the identified ill health condition or may make the consequences more severe.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. If there is still an occupational ill health risk following assessment and implementation of control measures then provide occupational health surveillance if the general criteria for doing so are met. (See Appendix)				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	Exposure to some hazardous chemicals or microorganisms may cause occupational ill health over a period of time Reference Control of Substances Hazardous to Health Regulations 2002 (COSHH)	Employees exposed Student exposed Existing health conditions may make some people more likely to develop the identified ill health condition or may make the consequences more severe.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. If there is still an occupational ill health risk following assessment and implementation of control measures then provide occupational health surveillance if the general criteria for doing so are met. (See Appendix)				
	Exposure to some hazardous chemicals or microorganisms may cause occupational ill health over a period of time Specifically, asthmagens (materials that can induce asthma) Reference Control of Substances Hazardous to Health Regulations 2002 (COSHH)	Employees exposed Student exposed Persons with existing lung or heart conditions may suffer more severe effects.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. If there is still an occupational ill health risk following assessment and implementation of control measures then provide occupational health surveillance if the general criteria for doing so are met. (See Appendix)				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	Exposure to some hazardous chemicals or microorganisms may cause occupational ill health over a period of time Specifically, chemical that can cause contact or irritant dermatitis Reference Control of Substances Hazardous to Health Regulations 2002 (COSHH)	Employees exposed Student exposed Persons with existing skin conditions may be more vulnerable to dermatitis. Persons with existing skin allergies may be more vulnerable to contact dermatitis.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. If there is still an occupational ill health risk following assessment and implementation of control measures then provide occupational health surveillance if the general criteria for doing so are met. (See Appendix)				
	Exposure to some hazardous chemicals or microorganisms may cause occupational ill health over a period of time Specifically, materials and processes listed in COSHH Schedule 6 (See Appendix). Reference Control of Substances Hazardous to Health Regulations 2002 (COSHH)	Employees exposed Student exposed Existing health conditions may make some people more likely to develop the identified ill health condition or may make the consequences more severe.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. Provide medical health surveillance using an Appointed Doctor. If the work is undertaken, then medical health surveillance must be provided no matter the findings of the risk assessment.				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	Exposure to lead may cause occupational ill health over a period of time. Some lead compounds may be more readily absorbed than others. Reference Control of Lead at Work Regulations 2002 (CLAW)	Employees exposed Student exposed Pregnant or breast feeding women may be more at risk from the effects of lead absorption.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. Provide medical health surveillance using an Appointed Doctor is the exposure threshold for surveillance is likely to be reached or exceeded. (See Appendix) Provide occupational health surveillance where the exposure threshold for surveillance is not reached, but the assessment shows that persons are at an appreciable risk (i.e. in compliance with the general requirement).				
	Exposure to asbestos during the course of licensed and unlicensed work may cause occupational ill health over a period of time. Reference Control of Asbestos Regulations 2012 (CAW)	Contractors exposed	Planned licensed & unlicensed work with asbestos materials is contracted out to those qualified to undertake the work. University has no duty to provide occupational health surveillance. Occupational health surveillance is not recommended for persons who have received an accidental exposure.				
	Exposure to ionising radiation may cause occupational ill health over a period of time. Reference Ionising Radiations Regulations 1999 (IRR)	Employees exposed Student exposed Pregnant or breast feeding women may be more at risk from the effects of ionising radiation.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. Provide medical health surveillance using an Appointed Doctor is the exposure threshold for surveillance is likely to be reached or exceeded. (See Appendix)				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	Exposure to vibrations may cause occupational ill health over a period of time. Reference Control of Vibration at Work Regulations 2005	Employees exposed Student exposed Persons with existing circulatory or nerve problems may be more vulnerable to injury.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. Provide medical health surveillance using an Appointed Doctor is the exposure threshold for surveillance is likely to be reached or exceeded. (See Appendix) Provide occupational health surveillance where the exposure threshold for surveillance is not reached, but the assessment shows that persons are at an appreciable risk (i.e. in compliance with the general requirement).				
	Exposure to excessive noise may cause hearing loss. Reference Control of Noise at Work Regulations 2005 (NAWR)	Employees exposed Student exposed Persons with existing hearing loss may suffer more severe effects if they suffer further hearing loss.	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. Provide medical health surveillance using an Appointed Doctor is the exposure threshold for surveillance is likely to be reached or exceeded. (See Appendix) Provide occupational health surveillance where the exposure threshold for surveillance is not reached, but the assessment shows that persons are at an appreciable risk (i.e. in compliance with the general requirement).				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	Construction work in compressed air atmospheres may cause occupational ill health over a period of time. Reference Compressed Air Regulations 1996	Contractors exposed	Construction work in compressed air atmospheres is specialised work. If such work was needed, then it would be contracted out to those qualified to undertake it. University has no duty to provide occupational health surveillance.				
	Night work may make some health conditions more difficult to manage or control. Reference Working Time Regulations 199	Night workers Night workers with some health conditions at more risk (eg diabetes, epilepsy, sleep disorders, etc.) (See Appendix for a definition of a night worker)	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control. Provide an annual health assessment. Participation by night workers on a voluntary basis.				