

UNIVERSITY OF BATH HEALTH AND SAFETY STANDARD

Occupational Health Surveillance

Version Number	3	Date of Approval	June 2022	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	<p>This standard provides a practical means of providing statutory health surveillance. This standard provides a number of benefits in addition to just compliance, including:</p> <ul style="list-style-type: none"> • 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. <p>Occupational health surveillance is in addition to risk assessments, effective control measures & completing inspections and not a replacement for them.</p>				
Scope	This standard applies to all statutory occupational health surveillance. This standard also applies to night worker health assessments.				
Relevant Legislation	<p>Legal requirements</p> <p>The statutory framework for the provision of occupational health surveillance is complex. Regulations set a general requirement for the provision of surveillance. The regulations also set specific surveillance requirements if employees are exposed to specified agents that can cause occupational health effects. Some occupational health conditions are reportable under the RIDDOR requirements.</p> <p>The following acts and regulations included provisions applicable to occupational health surveillance that are likely to be or may be relevant to University activities:</p> <ul style="list-style-type: none"> • 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 Vibration at Work Regulations 2005 • Working Time Regulations 1998 (WTR) • Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2012 (RIDDOR) <p>The following regulations included provisions applicable to occupational health surveillance that are unlikely to be relevant to University activities:</p>				

	<ul style="list-style-type: none"> • Control of Asbestos Regulations 2012 (CAW) • Ionising Radiations Regulations 1999 (IRR) • Compressed Air Regulations 1996 •
Definitions	<p>Occupational health surveillance</p> <p>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.</p> <p>Occupational health surveillance is a particular legal requirement & should not be confused with other systems of health checks such as:</p> <ul style="list-style-type: none"> • 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.). <p>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 enrolees participation is voluntary</p>
	<p>Occupational health surveillance – general requirement</p> <p>The MHSWR sets out a general requirement for providing occupational health surveillance where employees are exposed to agents that are hazardous to their health.</p> <p>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.</p> <p>The general requirements to provide health surveillance applies if the following criteria are met:</p> <ol style="list-style-type: none"> 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 exposed to the agent. <p>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.</p>
	<p>Occupational health surveillance – statutory medical surveillance</p> <p>Statutory medical surveillance is occupational health surveillance that is required by a specific set of regulations in response to exposure to an agent harmful to health. 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.</p>
	<p>Appointed Doctors</p> <p>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</p>

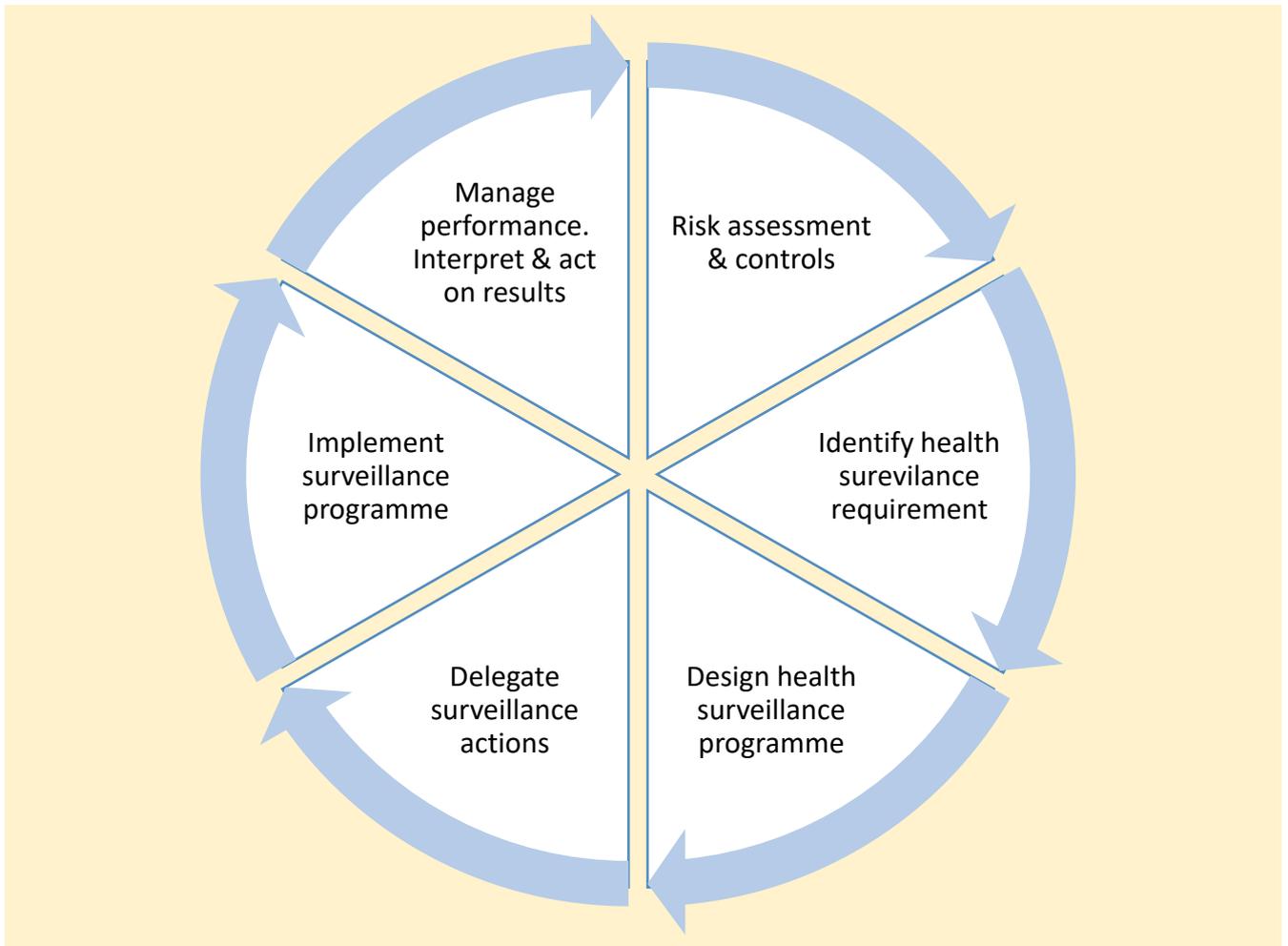
	Occupational health doctors & nurses	Occupational health doctors & nurses provide health surveillance services for employers whose employees are exposed to specified hazardous agents at work (eg, asthmagens, noise & hand-arm vibration).	
	Occupational health surveillance programme enrolees	<p>The occupational health surveillance programme enrolees are persons who have been identified as requiring occupational health surveillance.</p> <p>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.</p> <p>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 general duty extends to cooperating with statutory occupational health surveillance programmes. (Note though that employees enrolled on a night workers assessment programme participate on a voluntary basis).</p>	
	Health record	<p>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.</p> <p>A health record is not a medical record (as might be maintained by an Occupational Health Practitioner for instance).</p>	
	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. The Standards to Meet section is arranged as per the health surveillance cycle.	
Responsibility for implementation	Head of Department	University Safety, Health & Employee Wellbeing Service (SHEW)	
		Occupational Health Service provider	
		Human Resources	
Training availability:	Where training needs are identified (for example, by risk assessment), UHSE 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	Head of Department	<p>See Also:</p> <p>Risk Assessment Guidance</p> <p>Risk Assessment Template</p> <p>The Safe use of Hazardous Substances</p> <p>COSHH risk assessment template</p>
	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.		

	<i>This requirement duplicates existing requirement to assess risks & does not require additional assessments to be completed.</i>		
2	Risk assessment guidance UHSE will issue guidance to facilitate identification of occupational health surveillance requirements.	SHEW	See: Health Surveillance Toolkit
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. <i>This requirement duplicates existing requirement to manage risk & does not require additional control measures to be implemented.</i>	Head of Department	
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. <i>This requirement duplicates 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.</i>	Head of Department	See Also: Health and Safety Inspections General Health & Safety Inspection Standard
	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 UHSE.	Head of Department	See: Health Surveillance Toolkit
6	Maintain a record of persons requiring surveillance UHSE will maintain a record of persons enrolled to receive occupational health surveillance. UHSE will confirm current enrolment lists with Departments at least annually.	SHEW	If the HoD has local arrangements in place for coordinating occupational health surveillance, then they should make this known to SHEW.
	Health Surveillance Cycle: Design health surveillance programme		
7	Design & document occupational health surveillance programmes UHSE 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	<p>Arrange surveillance</p> <p>UHSE will contact the occupational health surveillance programme enrolees to arrange for surveillance to be performed.</p>	SHEW	<p>Most 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.</p>
10	<p>Record of actions</p> <p>UHSE will keep records of the actions taken to implement the occupational health surveillance programmes.</p>	SHEW	
11	<p>Reporting actions</p> <p>UHSE 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.</p>	SHEW	<p>If the HoD has local arrangements in place for coordinating occupational health surveillance, then they should make this known to SHEW.</p>
12	<p>Act on progress reports</p> <p>Departments will act upon reports of their enrolees who have not submitted questionnaires, attended appointments or who have otherwise failed to engage.</p>	Head of Department	
Health Surveillance Cycle: Manage performance, interpret & act on results			
13	<p>Record of findings</p> <p>UHSE will maintain a health record for each enrolee. The record will include the findings of occupational health surveillance.</p>	SHEW	
14	<p>Reporting findings</p> <p>UHSE will report to Departments the findings of occupational health surveillance for their enrolees. The report will be couched in terms of fitness to work. UHSE will report to Departments any recommendations arising from occupational health surveillance.</p>	SHEW	<p>If the HoD has local arrangements in place for coordinating occupational health surveillance, then they should make this known to SHEW</p>
15	<p>Act on recommendations</p> <p>Departments will act upon any recommendations arising from occupational health surveillance.</p>	Head of Department	
16	<p>Enrolee not fit to work</p> <p>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.</p>	OHS SHEW Human Resources Head of Department.	

	UHSE will report enrolees found not fit for work to Human Resources & their Department Head. At this point, other policies and standards will be applied (such as making reasonable adjustments, etc.).		
17	<p>Enrolee has a reportable condition</p> <p>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.</p>	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	<p>Departmental Safety Team / Department Health & Safety committee meetings</p> <p>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.</p>	Head of Department	If the Department wishes, then a member of SHEW can attend the Departmental Safety Team / Health and Safety Committee meeting and report on progress and results.
20	<p>Review risk assessments & controls</p> <p>Departments will incorporate the findings of occupational health surveillance into the process whereby risk assessments & control measures are reviewed.</p>	Head of Department	
21	<p>Review monitoring & inspection</p> <p>Departments will incorporate the findings of occupational health surveillance into the process whereby monitoring & inspection regimes are reviewed.</p>	Head of Department	
22	<p>Occupational health surveillance programme review</p> <p>UHSE will review each surveillance programme after each surveillance round.</p>	SHEW	

Appendix: The Health Surveillance Cycle¹



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.

The Standards to Meet section is arranged as per the health surveillance cycle, starting at “Risk assessment & controls”.

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	Occupational Health Surveillance requirement
<p>Management of Health & Safety at Work Regulations 1999 (MHSWR)</p> <p>General occupational health surveillance requirement</p>	<p>Creates a general requirement to provide health surveillance if the following criteria apply:</p> <ol style="list-style-type: none"> 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. <p>This requirement is partly risk based, but also takes into account the availability of reliable and suitable detection methods & a consideration of the benefits to employees.</p>
<p>Control of Substances Hazardous to Health Regulations 2002 (COSHH)</p> <p>General occupational health surveillance requirement arising from exposure to hazardous chemicals or microorganisms</p>	<p>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.</p> <p>This requirement is partly risk based, but also includes the availability of reliable and suitable detection methods & a consideration of the benefits to employees.</p> <p>This requirement is the origin of the surveillance programmes for occupational asthma & occupational dermatitis.</p>
<p>Control of Substances Hazardous to Health Regulations 2002 (COSHH)</p> <p>Statutory medical surveillance arising from specified substances & processes.</p>	<p>Statutory medical surveillance requirement triggered by any activity listed in COSHH Schedule 6.</p> <ul style="list-style-type: none"> • 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

Regulation	Occupational Health Surveillance requirement
	<p>The regulations do not define manufacture. Advice should be sought from UHSE on a case by case basis.</p>
<p>Control of Noise at Work Regulations 2005 (NAWR)</p> <p>General occupational health surveillance requirement arising from exposure to noise</p>	<p>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.</p> <p>The lower exposure action values are:</p> <ul style="list-style-type: none"> • A daily or weekly average noise exposure of 80 dB(A); or • A peak sound pressure exposure of 135 dB(C) <p>When determining if employees are exposed at or above the lower exposure action value, no account should be taken of personal hearing protectors.</p>
<p>Control of Lead at Work Regulations 2002 (CLAW)</p> <p>Statutory medical surveillance arising from significant exposure to lead.</p>	<p>Statutory medical surveillance requirement triggered by significant exposure to lead as defined by CLAW. Significant exposure is:</p> <ul style="list-style-type: none"> • 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. <p>The OEL is an average exposure – a Time Weighted Average (TWA) - over an eight hour period. The lead OEL for lead are :</p> <ul style="list-style-type: none"> • Lead alkyls is 0.10 mg/m³ • Lead other than lead alkyls 0.15 mg/m³.
<p>Control of Asbestos Regulations 2012 (CAW)</p>	<p>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.</p> <p>Unlikely to be relevant to University activities</p>
<p>Ionising Radiations Regulations 1999 (IRR)</p> <p>Statutory medical surveillance arising from significant exposure to ionising radiation</p>	<p>Statutory medical surveillance requirement triggered by exposure levels to ionising radiation or directions given by the Employment Medical Advisory Service (EMAS)</p> <ul style="list-style-type: none"> • 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

Regulation

Occupational Health Surveillance requirement

	<ul style="list-style-type: none"> The employee's work is subject to conditions imposed by an Appointed Doctor or Employment Medical Adviser. <p>Unlikely to be relevant to University activities.</p>
<p>Control of Vibration at Work Regulations 2005</p> <p>Statutory medical surveillance arising from significant exposure to vibration</p>	<p>Statutory medical surveillance requirement triggered by regular exposure above the exposure action value or employees at risk for any other reason.</p> <ul style="list-style-type: none"> The risk assessment indicates there is a risk to health arising from exposure to vibration <p>Employees are likely to be regularly exposed to vibration levels at or above an Exposure Action Value.</p>
<p>Compressed Air Regulations 1996</p> <p>Statutory medical surveillance arising from work in compressed air atmospheres</p>	<p>Statutory medical surveillance requirement triggered by construction work carried out in compressed air (eg tunnelling).</p> <p>Unlikely to be relevant to University activities.</p>
<p>Working Time Regulations 1998</p> <p>Night workers health assessment</p>	<p>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.</p>

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 X:\Professional Services\HR\UHSE\Subjects\Health Surveillance\Standard\19-05-17 Standard health surveillance.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)				
	Exposure to some hazardous chemicals or microorganisms may cause occupational ill health over a period of time Reference Control of Substances Hazardous to	Employees exposed Student exposed Existing health conditions may make some people more likely to develop the identified ill health condition or may make the	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				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	Health Regulations 2002 (COSHH)	consequences more severe.	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)				
	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	Employees exposed Student exposed Existing health conditions may make some people more likely to develop the	Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control.				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	Specifically, materials and processes listed in COSHH Schedule 6 (See Appendix). Reference Control of Substances Hazardous to Health Regulations 2002 (COSHH)	identified ill health condition or may make the consequences more severe.	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.				
	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 if 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.				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
	<p>Exposure to ionising radiation may cause occupational ill health over a period of time.</p> <p>Reference Ionising Radiations Regulations 1999 (IRR)</p>	<p>Employees exposed Student exposed</p> <p>Pregnant or breast feeding women may be more at risk from the effects of ionising radiation.</p>	<p>Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control.</p> <p>Provide medical health surveillance using an Appointed Doctor is the exposure threshold for surveillance is likely to be reached or exceeded. (See Appendix)</p>				
	<p>Exposure to vibrations may cause occupational ill health over a period of time.</p> <p>Reference Control of Vibration at Work Regulations 2005</p>	<p>Employees exposed Student exposed</p> <p>Persons with existing circulatory or nerve problems may be more vulnerable to injury.</p>	<p>Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control.</p> <p>Provide medical health surveillance using an Appointed Doctor is the exposure threshold for surveillance is likely to be reached or exceeded. (See Appendix)</p> <p>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).</p>				
	<p>Exposure to excessive noise may cause hearing loss.</p> <p>Reference Control of Noise at Work Regulations 2005 (NAWR)</p>	<p>Employees exposed Student exposed</p> <p>Persons with existing hearing loss may suffer more severe effects if they suffer further hearing loss.</p>	<p>Produce a suitable & sufficient specific risk assessment for the activity. Implement control measures, applying a suitable hierarchy of control.</p> <p>Provide medical health surveillance using an Appointed Doctor is the exposure threshold for surveillance is likely to be reached or exceeded. (See Appendix)</p>				

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
			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).				
	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 (e.g., 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.				