Occupational Health Surveillance

**What is Health Surveillance?**

Occupational health surveillance involves the regular monitoring of employees following a workplace risk assessment which identifies if their work activities may expose them to a health risk.

Health surveillance can include:

Providing information and relevant training and ensuring required PPE compliance.

Establishing a process for employee self-reporting by their completing periodical health questionnaires. A self-reporting health questionnaire provides opportunity for employees to assess if they are developing any health problems relating to their work commitments.

If a health problem is identified or suspected then specific health care measurements - e.g. hearing and respiratory assessments or a more detailed comprehensive examination can be arranged with an Occupational Health Advisor or Physician.

**Why carry out Health Surveillance?**

Regular health surveillance helps safeguard the health of employees and helps employers evidence their adoption of safe working practices in compliance with legal requirements.

It facilitates the detection of adverse health effects at an early stage and provides information useful in the detection of hazards and assessment of risks.

Helps ensure appropriate control measures are in place in compliance with HSE guidelines.

**When is Health Surveillance required?**

Some forms of health surveillance are undertaken as good practice - e.g. health questionnaire screening to determine fitness to work in a particular job.

**Other forms of health surveillance are required by law.**

(e.g. Control of Substances Hazardous to Health regulations (COSHH) 2002).

Some examples below of when occupational Health Surveillance is required.

Working in a dusty environment.

Working in a noisy environment.

Working with vibrating tools or equipment. Working with asbestos and lead.

Driving operations. Working at Heights.

**Some examples of other Health Surveillance activities.**

Skin assessments.

Hearing assessments.

Drivers health surveillance.

Immunisation programmes. (e.g. Hepatitis B ) Respiratory assessments.

Hand arm vibration assessments Vision screening Blood & Urine tests.

**To comply with HSE guidelines NAMM strongly advise implementing an employee’s health surveillance scheme. A self-reporting health questionnaire provides opportunity for employees to assess if they are developing any health problems relating to their work commitments. Creating employee self-assessment records in combination with an applicable workplace risk assessment will provide HSE with evidence that appropriate occupational health surveillance procedures are in place.**

HEALTH SURVEILLANCE QUESTIONNAIRE

Name ( Block capitols) ......................................................................... Date of Birth.....................

Employersbusinessnameand address ..................................................................................................

..........................................................................................................................................................

Department / work role ......................................................................Job Title...............................

Date started in employment with the above company (approx.):...............................................

Please circle answers to the yes/no questions and provide details as appropriate.

**1. Hand Arm Vibration.**

Have you ever used/still use vibrating tools or equipment in your current job? **Yes No**

If no, go to section 2

If yes, do you experience whiteness, tingling or numbness of the fingers. **Yes No**

If yes, please provide more details below approx. date/ year symptoms started and severity.

**2. Lung Function.**

Does your current job expose you to dust, chemicals etc? **Yes No**

Have you ever suffered from any of the following: wheeziness/shortness of breath/persistent and or cough? **Yes No**

If yes, please give details; approximate date of first occurrence duration of symptoms, approximate date, any treatment received and any current medication.

**3. Hearing.**

Does your current job expose you to excessive noise? **Yes No**

Are you provided with hearing protection in your current job? **Yes No**

Do you always use the hearing protection when appropriate? **Yes No**

In the past 12 months have you or anyone else noticed your hearing getting worse? **Yes No**

HEALTH SURVEILLANCE QUESTIONNAIRE CONTINUED

Have you have any recent problems with your ears? **Yes No**

Do you have any noisy hobbies? **Yes No**

Do you experience any dizziness or ringing in the ears? **Yes No**

If you have answered yes to any of the above please give details below. **Yes No**

4. Skin.

Do you suffer any of the following:

Skin redness of fingers or hands? **Yes No**

Cracking skin? **Yes No**

Skin rash/blisters/flaking/scaly skin? **Yes No**

Itchy fingers/hands? **Yes No**

If answered yes to any of the above, please give more details below.

5. Eyesight.

1. Do you need to wear glasses to work or drive. **Yes No**

If yes do you have regular eyesight checks? **Yes No**

1. Has your eyesight deteriorated over the last six months. **Yes No**

If answered yes to (a) or (b) above please give more details below.

Date Questionnaire completed .......................................

FOR OCCUPATIONAL HEALTH USE ONLY

Appointment with HSE approved health practitioner is required. **YES NO**

Date of appointment ........................................................

Appointment outcome...................................................................................................................

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Employee Signature:............................................................................. Date:......................

Employer Signature:..............................................................................Date:......................

Date of next health surveillance questionnaire ..............................

Additional Comments