

## Preventing work-caused disease: *Health surveillance and immunisation*

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*“People working at the University of Edinburgh should not develop ill-health or disease from the work that they do.”*



### Occupational hazards

- **Illness** caused by exposure to viruses, bacteria and other pathogens, in research laboratories, or in other environments (indoor and outdoor) within University premises, elsewhere in the UK and abroad
- **Damage to health** from exposure to hazardous substances or other factors (e.g. respiratory sensitisers, dusts, skin sensitisers, noise, etc)



### Occupational hazards

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- **Health Surveillance**



### Occupational Health services

- *Management referrals*
- *Self referrals*
- *Management training*
- *etc.*
- **Immunisations / immunity checks**
- **Health Surveillance**



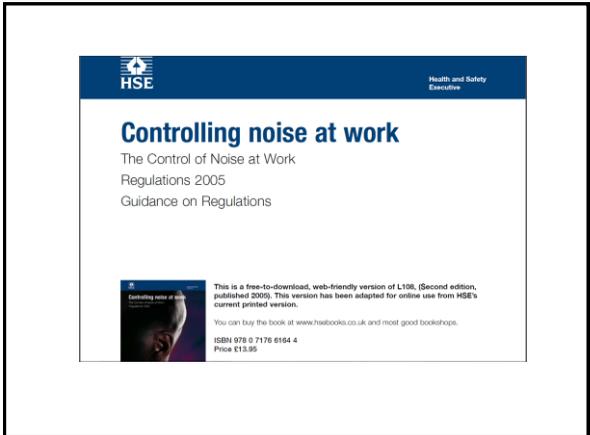
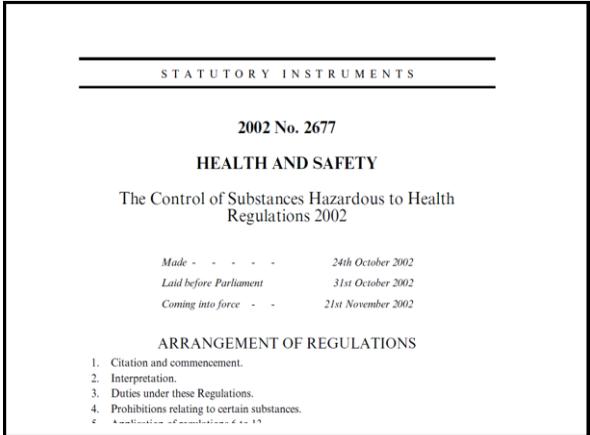
### Who might be affected ?

• Lab technician	• International officer
• Hospitality manager	• Audio-visual specialist
• Biological scientist	• Social researcher
• IT consultant	• Landscape gardener
• Vet	• Sports scientist
• Cleaner	• Printer



### Why take action ?

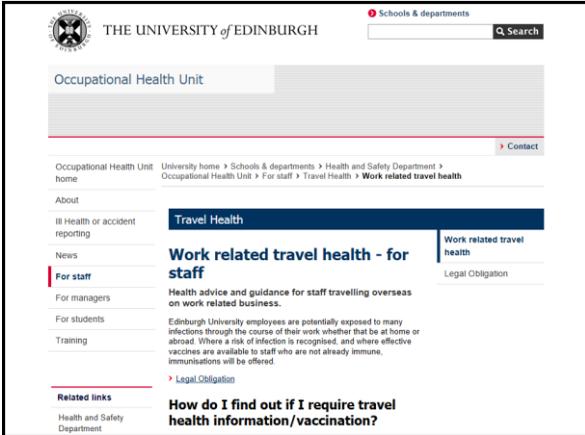
- To prevent ourselves or our colleagues suffering damage to health now, or in the future (including life-changing illness or premature death).
- To prevent avoidable absence from work.



How to tell who needs what.

# RISK ASSESSMENT

- Available from Occupational Health...*
- **Immunisations and/or immunity checks**
  - e.g. ...*
    - **Hepatitis B**
    - **Hepatitis A**
    - **Diphtheria**
    - **Tick-borne encephalitis**
    - **Rabies etc....**
    - **Full range of Travel vaccinations**
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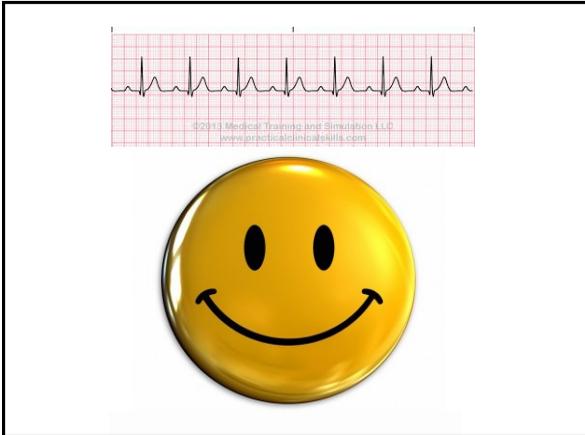


- ## OHF 5 → appointment ??
- *check childhood vaccinations... e.g. Tetanus ? MMR ?*
  - *Lyme disease awareness?*
  - *personal health and safety (culture shock, road traffic accidents, etc) ?*
  - *altitude sickness awareness?*
  - *frozen strawberries ?*
  - *EHIC .... ?*
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- ## Hepatitis B
- 'Blood to blood' contact
  - Affects liver function
  - Creates a 'carrier' status
  - Effective and safe vaccine
  - Worldwide, Hepatitis B causes 80% of liver cancers (9<sup>th</sup> leading cause of death)
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- ## Hepatitis B immunity
- Most often achieved after three doses of vaccine
  - Some low or non-responders
  - Immunity check at **1 to 4 months after a vaccination**
  - Booster after 5 years
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# Health Surveillance



Types of health surveillance provided by Occupational Health

**For work with ...**

- respiratory sensitisers (asthmagens)
- noise
- skin sensitisers / irritants
- radiation
- asbestos
- vibration ?
- lead ? ..... others ?













# COSHH

**“ Health surveillance is a particular legal requirement and should not be confused with:**

- activities to monitor health where the effects from work are strongly suspected but cannot be established
- workplace wellbeing checks, such as promoting healthy living
- fitness to work examinations e.g. fitness to dive, operate cranes, forklift trucks or health assessments requested by night employees ”

[hse.gov.uk](http://hse.gov.uk)



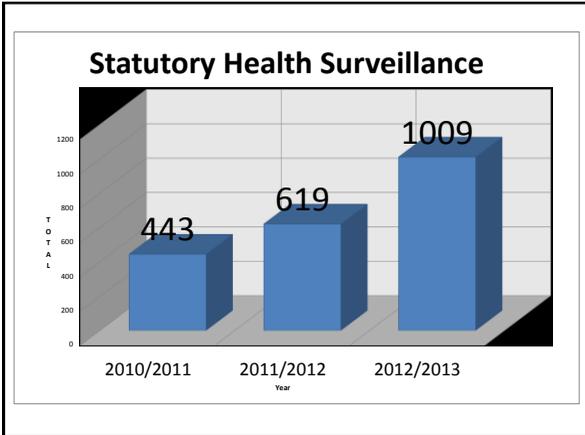












How to tell who needs what.

# RISK ASSESSMENT

- How to tell who needs what.
- Risk phrases  
... R42, R43 ... etc
  - Hazard statements
  - environmental assessment

- Health Surveillance
- Required during work where:
- Identifiable adverse health effect related to exposure(s) **and**
  - Reasonable likelihood this may occur under conditions of work **and**
  - Valid and acceptable technique for detecting the effect
- 

### Respiratory surveillance

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#### RESPIRATORY SURVEILLANCE QUESTIONNAIRE

Full Name:	Date of Birth:
Male / Female:	Age:
Place of Work:	Occupation:
Names of potential respiratory sensitiser(s):	

Please **CIRCLE** the answer that applies to you

1a	Do you wear respiratory protective equipment (RPE)?	Yes	No
1	If yes, please list the type of RPE you wear:		
2			
3			
4			

1b	Do you have any concerns about the RPE that you wear?	Yes	No
	If yes, please give details:		

### Noise exposure surveillance

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#### NOISE AND AUDIOMETRIC SURVEILLANCE QUESTIONNAIRE

Full Name:	DOB & Age:
Place of Work:	Occupation:
Male / Female:	Date & Time:
Length of Empl:	

Conditions	YES	NO
Have you had ear trouble as a child or adult?		
Infection		
Discharge		
Wax		
Deafness		
Injury		
Operation		
Is there a history of deafness in your family?		
Have you suffered any of the following?		
Measles		
Mumps		
Chicken Pox		
Scarlet Fever		
...		

Feedback to line manager / supervisor

- form (OHL4) goes to line manager/supervisor
- cc to local health surveillance coordinator
- No medical information – advice on fitness for work (specific to risk exposure)
- Information may need to be passed on to management of any restricted area to meet their access requirements



Health surveillance service information



Genetic tendency ?

**D  
N  
A**

Timescale	Up to one year before clinic	At least 2 months before clinic	3 weeks before clinic	2 weeks before clinic	Clinic date	Within 5 days of clinic
<b>OHU</b>	Arrange dates of clinic with local contacts & add to diary	Send contact list of previous attendees	Check outstanding appointment list	Confirm appointments on diary system and review list. Email attendees each appointment details	Attend at site clinic	Send notifications of results to one point of contact identified by and within the relevant work area.
<b>Local Contact</b>	Arrange dates of clinic with OHU. Book suitable room	Review attendees - add new and inform OHU of leavers. Invite attendees	Return to OHU confirmed appointment list. Email health questionnaires to attendees	Last diary to inform OHU of any changes to appointments	Be available to liaise with OHU adviser	Ensure results passed on to relevant people in department & any relevant work facility

Genetic tendency ?

**Did  
Not  
Attend .....**

Reasons for non-attendance

- illness
- unexpected incident / accident
- memory lapse / diary failure
- ultra-low prioritisation
- individual concerned has not updated their contact details



### Other organisations

- **DNA 1** : reminder & email to manager; new appointment
- **DNA 2** : email to manager; suspension of access to relevant work areas



### Occupational Health record

and

### Health record

(CoSHH)



### Health Record (CoSHH)

**Q.** Are the Health Records required by COSHH the same as individual's OHU health surveillance records?

**A.** No. Where appropriate, local management must keep a record outlining individuals' hazard exposure(s), regardless of whether Occupational Health input / health surveillance is required.



### Occupational Health record

- Held in medical confidence in Occupational Health Unit
- All information on file available to individual concerned
- Information released from record only with informed consent of individual (confirmed in writing)



### Health record

- Held in School/Institute/department
- No medical information
- Record of substances, use periods, any incidents



### *Example of Health (exposure) record*

15. Appendix B: Example Health (exposure) Record

Employee's Name:		Gender:	Address:	
Ref No:		Date of Birth:		
		NI Number:		

Name of Substance CAS No	Nature of Hazard (1)	Physical State (2)	Quantity	Amount (3)	Frequency/ Duration of Use (4)	Control Measures (5)	Date Exposure Commenced	Date exposure ceased	Incident/ Accident/ Surveillance records attached Y/N (6,7)

1 Carcinogen, mutagen, substance toxic to reproduction, respiratory sensitizer (ie. all materials, skin sensitizer (Relevant risk phrases H350, H360, H360D, H360FD, H370 where listed)

2 Liquid, solid, dust, vapour or gas

3 Include amount and units

4 Daily, weekly, monthly, rarely

5 Fume cupboard, laminar flow bench, local exhaust ventilation (LEV), glove box or other form of isolator, personal protective equipment (please specify)

6 Please attach copies of any incident/accident details

7 Please keep with any health surveillance outcomes from OHS

(HEOPS, 2013)

**R.P.E.**  
(Respiratory protective equipment)

**LOCAL  
RISK  
ASSESSMENT**

**R.P.E.**

Following a health surveillance appointment, remarks added to feedback form (OHL4) :

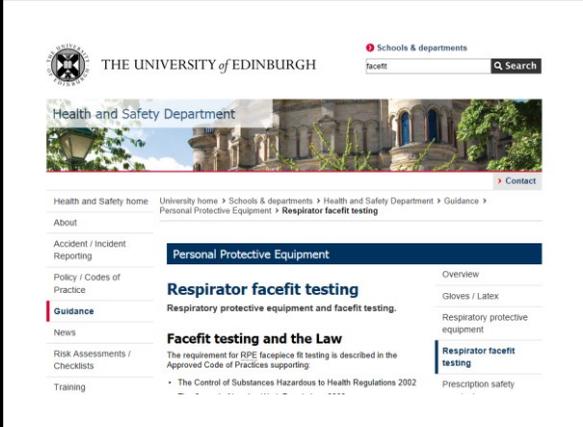
e.g. ....

*“ Information provided today suggests (a higher level of) respiratory protective equipment (RPE) may need to be in use for relevant exposure(s). It is advised that a check is made to ensure suitable and sufficient RPE is in use. ”*



**COSHH**

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Occupational Health Unit

Management of specialist research facilities

Laboratory manager

Researcher X requires

- baseline health surveillance
- provision of and fitting for suitable and sufficient RPE and training in its use

Local safety adviser

Line manager or supervisor

Local support staff





Questions ?

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