



HUMBERSIDE FIRE AND RESCUE SERVICE

# People & Development

## Health Surveillance and Health Monitoring Policy

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What we must do well



How we support our communities



We value and support the people we employ



We efficiently manage the Service

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## **1. INTRODUCTION**

The Health and Safety at Work Act (HSAWA) requires Humberside Fire and Rescue Service (HFRS) to ensure (as far as is reasonably practicable) the health, safety and welfare of all employees who may be affected by work activity.

Health surveillance is about having systematic, regular and appropriate procedures in place to detect early signs of work-related ill health among employees exposed to certain risks or hazards and acting on the results to prevent its progression. It is also useful in monitoring the effectiveness of existing controls, though it is not in itself a control measure or a substitute for controlling risk as source.

The provision of appropriate health surveillance will assist the Service in:

- Keeping the workforce healthy
- Complying with legislation
- Managing sickness absence
- Helping to reduce the incidence of claims due to industrial disease.
- Health risks which require health surveillance include noise, vibration and substances hazardous to health. Medical surveillance is carried out by an appointed doctor for asbestos.

'Health surveillance' is not the same as health monitoring, health promotion or health screening'. Health surveillance should be introduced where a health risk has been identified on a risk assessment.

- It should only be used for workers who need it.
- It provides feedback about actions that may need to be taken to prevent further harm and protect employees.
- It allows employees to raise concerns about how work affects their health.
- It provides the opportunity to reinforce employees training and education.
- identifiable disease or adverse health condition related to the work process or tools and equipment used.
- A valid and approved technique available to detect indications of disease or condition:
  - Audiometry – to detect noise induced hearing loss.
  - Spirometry – to detect occupational asthma and other respiratory diseases.
  - Vibration – to detect hand arm vibration syndrome.
  - Asbestos
- It is likely that the surveillance will further protect the health and safety of the workforce and where a baseline is required for measurement against exposure in previous employment.
  - Night Workers – to detect health effects of night-time working.
  - Routine Health including vision – to detect overall health and deterioration in eyesight.

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### **Core Code of Ethics**

HFRS has adopted the Core Code of Ethics for Fire and Rescue Services. The Service is committed to the ethical principles of the Code and strives to apply them in all we do, therefore those principles are reflected in this Policy.

### **National Guidance**

Any National Guidance which has been adopted by HFRS, will be reflected in this Policy.

## **2. EQUALITY, DIVERSITY AND INCLUSION**

HFRS has a legal responsibility under the Equality Act 2010, and a commitment, to ensure it does not discriminate either directly or indirectly in any of its functions and services or in its treatment of staff, in relation to race, sex, disability, sexual orientation, age, pregnancy and maternity, religion and belief, gender reassignment or marriage and civil partnership. It also has a duty to make reasonable adjustments for disabled applicants, employees and service users.

## **3. AIM AND OBJECTIVES**

HFRS is committed to establishing and maintaining a positive working environment where the dignity and respect of employees is not undermined. It is committed to working practices that ensure the fair treatment and professional and personal dignity of all its employees. No employee will be treated less favourably on the grounds of race, gender, disability, age, sexual orientation, religion or belief or for any other reason that cannot be justified in job related terms.

HFRS recognises and accepts its duties and responsibilities to ensure, so far as reasonably practicable, the health, safety and wellbeing of its employees and others who may be at risk from its activities. The purpose of this Policy is to ensure employees health is not adversely affected by their work activity.

The document is intended to be a framework, with other sections supplementing it by having in place their own procedures and guidelines. They must reflect the principles of this policy, and dovetail to the Occupational Health and Wellbeing (OH), Human Resources (HR) and health surveillance procedures and reflect the individual needs of their Service units.

All Directorates within the Fire Service must be able to demonstrate compliance with this policy via audit.

Managers may choose to delegate their duties but cannot delegate their responsibilities.

All employees, operational, support staff and volunteers, identified by their manager via risk/COSHH assessment, exposed to the identified risks or hazards in the workplace, and require health surveillance must attend health surveillance

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appointments either in the OH department, on site at Stations or at their own workstation in relation to DSE assessment. ([See Appendix A](#))

This policy links with the Health, Safety & Environment Statement and should be read in conjunction with it.

### 4. ASSOCIATED DOCUMENTS

- [Equality Impact Assessment](#)
- Legal References
  - The Health and Safety at Work Act (HSAWA) 1974
  - The Management of Health and Safety at Work Regulations 1999
  - The Control of Noise at Work Regulations 2005
  - The Control of Vibration at Work Regulations 2005
  - The Control of Substances Hazardous to Health Regulations 2002 (COSHH)
  - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
  - The Control of Asbestos Regulations 2012
  - Work at Height Regulations 2005 (WAHR)
  - The Confined Spaces Regulations 1997
  - Control of Vibration at Work Regulations 2005.
  - Control of Noise at Work Regulations 2005.
  - Data Protection Act 2018 and the UK General Data Protection Regulations (UK GDPR).
  - [Hse.gov.uk/health-surveillance](https://www.hse.gov.uk/health-surveillance)
- National Guidance  
There is no specific national guidance related to this policy.
- [Health, Safety & Environment Statement](#)
- [Noise at Work Policy Delivery Guidance](#)

### 5. RISKS AND HAZARDS

Potential risks or hazards which members of both operational and support staff are exposed to and require health surveillance, include substances known to cause dermatitis or occupational asthma, carcinogens, mutagens, respirable silica dust and biological agents (micro-organisms). Physical hazards for which health surveillance is appropriate include:

- Working with vibrating tools and equipment (Control of Vibration at Work Regulations 2005).
- Working in a noisy environment (Control of Noise at Work Regulations 2005).

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**Note:** Health Surveillance is not required when assurance is obtained that there is no exposure or where exposures that do take place are so rare, short and slight and where there is only a minimal risk of the employee being harmed.

### **6. LEGISLATION**

The Health and Safety at Work Act (HSAWA) 1974 places general duties on employers and employees. Section 2 of the Act requires employers to ensure, so far as is reasonably practicable, the health safety and welfare at work of all their employees.

The Management of Health and Safety at Work Regulations 1999 requires employers to assess the health and safety of their employees so that necessary preventative and protective measures can be identified. Processes of assessment include appropriate health surveillance.

The Control of Noise at Work Regulations 2005 requires employers to provide health surveillance as appropriate and to provide adequate information, instruction and training about risks to hearing.

The Control of Vibration at Work Regulations 2005 requires employers to provide health surveillance to those employees who continue to be regularly exposed above the action value or who are considered to be at risk.

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) requires, where employees are exposed to a substance that is linked to a particular disease or adverse health effect including skin irritation, dermatitis and asthma, employers to provide health surveillance.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

The Control of Asbestos Regulations 2012 places a duty on the employers to ensure that employees who are exposed to asbestos should be “under adequate medical surveillance by a relevant doctor”. A relevant doctor is one appointed in writing by the Health and Safety Executive (HSE) for the purposes of the regulations. Further guidance published by HSE allows for elements of the medical examination to be delegated to suitably trained and competent occupational health nurse or technicians.

The purpose of the Work at Height Regulations 2005 (WAHR) is to prevent death and injury caused by a fall from height. Falls from height are one of the biggest causes of workplace fatalities and major injuries. Common causes are falls from ladders and through fragile roofs. The purpose of WAHR is to prevent death and injury from a fall from height. Processes of assessment include appropriate health surveillance.

The Confined Spaces Regulations 1997 provide guidance on how to carry out work in confined spaces safely. They also provide information on the likely hazards and suitable precautions. Processes of assessment include appropriate health surveillance.

## **7. EXPOSURE LIMITS AND ACTION VALUES**

**Noise** is measured in decibels (dB). Unwanted sound measured in decibels (dB) includes low-volume nuisance noise all the way up to a value known to cause hearing loss and tinnitus.

### **Lower exposure action values (EAV) are:**

- 80 dB averaged over a day or week. Exposure to this lower of two statutory values (see 5.3) must be eliminated or reduced to as low a level as is reasonably practicable. **Hearing protection must be provided if requested by employees** who should be informed of this right.

### **Upper exposure action values (EAV) are:**

- 85dB averaged over a day or week. Exposure to this upper of two statutory values (see 5.2) must be reduced to as low a level as is reasonably practicable by organisational and technical measures excluding hearing protection. **If unable to reduce the noise level, hearing protection must be provided and worn.**
- Use of a weekly exposure, rather than a daily exposure, may be appropriate where exposure to noise varies from day to day, e.g. the use of power tools on one day but not on others. No allowance should be made for the effects of wearing hearing protection when determining an employee's noise exposure in relation to the upper or lower action levels.

### **Exposure limit value (ELV)**

- 87dB averaged over a week. This is a limit of noise experienced at ear which **must not be exceeded.** \*
- See further information in the [Noise at Work Policy Delivery Guidance](#)

### **Peak sound pressure impact noise**

- Peak sound pressure Lower EAV = 135 dB and Upper EAV = 137 dB, ELV =140 dB. Sudden short duration, very loud noise can cause immediate, temporary or permanent hearing damage. \*

\*See further information in the [Noise at Work Policy Delivery Guidance](#)

**Hand Arm Vibration** occurs when mechanical vibration is transmitted into the operator's hands via the tool/equipment being used. This generally occurs via the tool handles into the operator's hands.

**Vibration magnitude** is measured in terms of its acceleration, relating to the total energy entering the hand through the tool handle and the time the tool is used for. A (8) = the daily vibration exposure.

### **Exposure levels are:**

- Exposure action value (EAV), the daily amount above which employers must act to reduce exposure = 2.5m/s<sup>2</sup> A (8) which equates to 100 points.

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- Employees who regularly operate hammer action tools for > about 15 minutes a day; or some rotary and action tools for > about 1 hour a day are likely to be exposed above the EAV.
- Exposure limit value (ELV), the most vibration an employee may be exposed to on any given day = 5 m/s<sup>2</sup> A (8) which equates to 400 points. This is the maximum limit of vibration to which an employee may be exposed to in a working day – their exposure must NOT exceed this level and immediate action must be taken to reduce exposure.
- Employees who regularly operate hammer action tools for > about 1 hour a day; or some rotary and other action tools for > 2 hours a day are likely to be exposed above the ELV.
- The regulations do permit for weekly averaging of daily exposure; however, it is not designed to be used for routine work but rather in response to an emergency situation, e.g., dealing with fallen trees following a storm.

### Calculating Exposure

- Health, Safety & Environment Team to carry out Hand Arm Vibration Assessment
- Manufacturers Data.

**Hazardous substances:** (e.g., chemicals, dust, fumes, fibres), exposure to these substances is controlled by workplace exposure limits (WELs), which are set by the Health and Safety Commission. Workplace Exposure Limits (WELs) are concentrations of hazardous substances in the air, averaged over a specific period of time.

**Skin:** Staff at risk of occupational dermatitis. Some of the key irritants include latex, wet-work and chemicals or other materials use in the manufacture of personal protective equipment (PPE).

**Asbestos:** Staff at risk of exposure to asbestos. Asbestos can be found in any building built before the year 2000.

**Note:** Whilst the OH Physician is performing his face to face assessment with the employee, they will take the opportunity to assess the employee's mental health and wellbeing.

## 8. FREQUENCY OF SURVEILLANCE

All employees are screened at pre-placement using the confidential pre-placement health questionnaire.

Where the job description/risk assessment indicates that the substantive role involves exposure to any of the above hazards, or in some cases where an individual reports exposure in a previous occupation, base-line health surveillance is carried out prior to commencement in post.

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Advice will then be provided to HR Recruitment as to the individual's fitness to carry out the role, including exposure to known workplace hazards. Further surveillance will then be performed as per the schedule for each hazard subject to the results of the surveillance.

### Audiometry

Baseline test and then annually for 2 years after baseline test. Then if:

- Results are H1 or H2 – 2 yearly recall.
- Results H3 – Individual placed on a yearly recall. Refer to OHA/OHP and vocational hearing test must be completed in accordance with Annex I at the earliest opportunity.
- Results H4 & H5 – OHT will inform Individual, Watch manager and the Station Manager of the result by email. Risk Assessment (Sphera RA No. 510949) to be completed by Station Manager prior to starting the next shift. Vocational Hearing Assessment must be carried as soon as possible and within a maximum time frame of 14 Calander Days. Individual is referred to OHA/OHP and placed on a yearly recall. If dip in 4KHZ notch (if dip new or progressive) repeat test in 1 month if same refer to GP/OHP and treat as HSE Category 3.
- If a dip in 4 KHZ stable across 3 years, then treat as HSE Cat 2 and keep on an annual recall.
- Any unilateral loss of 40 KHZ refer to GP/OHP.
- Any rapid hearing loss of 30 DBA + in one or more frequency then refer for medical assessment and recall as per medical advice.

[See Appendix B](#)

### Vocational Hearing Assessment

- If an employee requires a VHA then they should be placed on a 1 year recall for the rest of their employment. At the next test if the result remains the same another VHA is not required if the audio result deteriorates then they will require another VHA.
- Vocational Hearing Assessments are carried out in accordance with [Appendix I](#).

Results of the Vocational Hearing Assessment must be communicated to [occhealthadmin@humbersidfire.gov.uk](mailto:occhealthadmin@humbersidfire.gov.uk) within 48 hours of the test been taken.

### Spirometry

- Initial baseline at pre-employment.
- Then annual surveillance for 2 years.
- Then bi-annually.
- BA training personnel - 6 monthly surveillance

[See Appendix C](#)

### **Skin**

- Yearly surveillance

[See Appendix D](#)

### **Hand Arm Vibration**

Research into the potential exposure to HFRS employees, determined that due to the intermittent use of equipment users are within safe limits, their exposure duration is low and do not reach the exposure limits.

### **Confined space workers**

- Every 3 years

[See Appendix G](#)

### **Work at Height**

- Every 3 years

[See Appendix G](#)

### **Group 2 License (PSV, LGV, HGV Fork-lift truck drivers)**

- Issued at age 21 and is valid until age 45 unless medical fitness changes.
- Thereafter, it is subject to review every 5 years, or shorter periods depending on medical condition until age 65. After age 65 licenses are renewable annually.

### **Night workers questionnaire**

- Annual questionnaire

[See Appendix F](#)

### **General Health**

- This includes vision test, urine analysis, general well-being questions.
- Every 3 years.

[See Appendix G](#)

### **Asbestos**

- Three yearly questionnaire – Health assessment carried out by an appointed doctor.

[See Appendix H](#)

## **9. HEALTH SURVEILLANCE RECORD KEEPING**

### **CONFIDENTIALITY**

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All OH staff, both clinical and non-clinical cannot and will not disclose medical information of employees without prior consent of those employees.

OH will provide advice without breaching medical confidentiality by disclosing any medical conditions. This advice should be treated by the recipients as special category data in respect of the Data Protection Act 2018 and the UK General Data Protection Regulations (UK GDPR).

It is a legal requirement to keep health records and any personal information generated by completion of any Health Surveillance activity. We keep electronic records of the information provided to Occupational Health. All personal and special category data that we hold is processed according to the requirements of the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR).

Health records, or a copy, should be kept in a suitable form for at least 40 years from the date of last entry because there is a long latent period between exposure and onset of ill health.

A health record must be kept for **ALL** employees under health surveillance. Records are important because they allow links to be made between exposure and any health effects. The retention of personal data will be in accordance with the Service's Data Protection Policy, the Records Management and Data Quality Policy and recorded in their Information Asset Register.

Each employee health record should include details about the employee and the health surveillance procedures relating to them.

Employee details should include:

- Surname
- Forename(s)
- Gender
- Date of Birth
- Permanent address, including post code.
- National Insurance Number
- Date present employment started.

Recorded details of each health surveillance check should include:

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

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**Storage:** The record should be kept in a format so that it can be linked with other information (e.g., with any workplace exposure measurements). They should be stored securely.

**Access to Health Records:** It is good practice to offer employees a copy of their health records when they leave the organisation. Employees can have access to their own health records through a written request. Health records can only be released to third parties, such as the employer, on receipt of the informed written consent of the employee, or by a court order.

**What health records should not contain:** Health records are different to medical records in that they should not contain confidential medical information. Health records and medical records must therefore be kept separate to avoid breaches of medical confidentiality. Any personal medical information should be kept in confidence and held by the OH professional responsible for the health surveillance programme.

**Medical Records:** Medical records are compiled by a doctor, OH Advisor, OH Nurse or OH Technician and may contain information shared/obtained from the individual during the course of health surveillance. This information may include clinical notes, biological results and other information related to health issues not associated with work. The information is confidential and should not be disclosed without the consent of the individual. The OH professional should only provide employers with information on fitness to work and any restrictions that may apply in that respect.

### **10. OCCUPATIONAL HEALTH DEPARTMENT, MANAGEMENT AND EMPLOYEE RESPONSIBILITIES**

**Occupational Health Responsibility:** The OH department is responsible for providing specialist advice to employees and managers in relation to Health Surveillance programmes carried out in the Service including to:

- Identify those applicants during the Health Assessment process who may be at risk in a role, for example applicants who declare asthma and/or blood circulatory diseases such as Raynaud's Disease, carpal tunnel syndrome, applying for role identified as needing HAVs surveillance.
- Initiate the annual health surveillance programmes through management.
- Review all completed health surveillance questionnaires received to the OH department. Taking action where required to arrange follow up appointments with individual members of staff.
- Carry out the relevant health surveillance, discuss the results with the individual member of staff and provide reports to management.
- Provide employees attending OH with appropriate information leaflets relevant to their health surveillance programme.
- Ensure safe storage of individual's health surveillance records.
- Monitor referrals to the department for the number of problems associated with Health Surveillance programmes.

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- All assessments will be performed by appropriately trained personnel within the department. Any problems identified will be escalated via the appropriate route i.e. OH Technician to OH Nurse to OH Advisor to OH Physician.

The Occupational Health department will:

- Maintain a relevant health surveillance programme as identified under relevant acts of Parliament and best practice.
- Record health surveillance activity in the employee OH record which must be kept in accordance with data protection legislation.
- Liaise with management and Health & Safety colleagues to clarify and confirm the need for and the type/level of surveillance required.
- Where required, report those cases of ill health effects to the Health & Safety Executive.
- Maintain a register of employees requiring health surveillance kept separately from the employee's occupational health medical records.

### **Management Responsibility**

#### **Managers**

Managers of staff identified as requiring health surveillance following risk assessment will be responsible for the following:

- Provide OH with an up-to-date list of current staff requiring health surveillance.
- When contacted by OH ensure all staff requiring health surveillance have completed their health surveillance questionnaires on OPAS-G2 prior to their OH appointment.
- Inform staff of the individual statutory obligation to complete the appropriate health surveillance questionnaires on OPAS-G2.
- Refer any member of staff who reports health problems associated with their work to OH.

#### **Employees**

All employees have a duty of care to take reasonable care of themselves and others who may be affected by their actions as required by the HSAWA 1974 and must:

- Complete their individual health surveillance questionnaires on OPAS-G2 provided to them via an email link from OH&W.
- Attend OH for any health surveillance programme.
- Inform their manager if they feel or they are experiencing any health problems related to their work, in the workplace.
- Report immediately to line managers all occupational incidents/episodes of occupational ill health, skin conditions, respiratory conditions or hearing loss regardless of severity.

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- Report any suspected or confirmed cases of occupation ill health by GP or other specialist to line manager.
- Comply with Health & Safety legislation in the workplace including any recommendations made to practice for example, wearing protection provided by the Service, limiting time spent on vibrating equipment etc.
- Participate in risk assessment processes including reviews following any changes to processes, equipment or substances. Risk assessments are required when ill health or injury may arise from a particular work activity.
- Health surveillance is mandated for all Grey Book members of staff. Every effort should be made to attend Health Surveillance Appointments whilst on duty. This can be completed on station or by visiting the OH&W facility in Beverley. If a Health Surveillance appointment cannot be attended whilst on Duty, then the appointment may be attended whilst Off Duty. Individuals are expected to utilise Service vehicles for the appointments were reasonably practical. If a service vehicle is unavailable, then individuals are entitled to claim for their millage to and from the appointment using the Casual Car user process. Individuals can also claim over time for the duration of the appointment. This will be signed off through the individual's operational chain of command.
- Asbestos medical appointments are mandated for all Grey Book members of staff. **Every effort** should be made to attend the Asbestos medical whilst on Duty. If the Asbestos medical cannot be attended whilst on duty, then the medical may be attended whilst Off Duty. Individuals are expected to utilise Service vehicles for the appointments were reasonably practical. If a service vehicle is unavailable, then individuals are entitled to claim for their millage to and from the appointment using the Casual Car user process. Individuals can also claim over time for the duration of the appointment. This will be signed off through the individual's operational chain of command.

**If anyone needs any further information/guidance regarding this document,  
please contact Occupational Health & Wellbeing**