

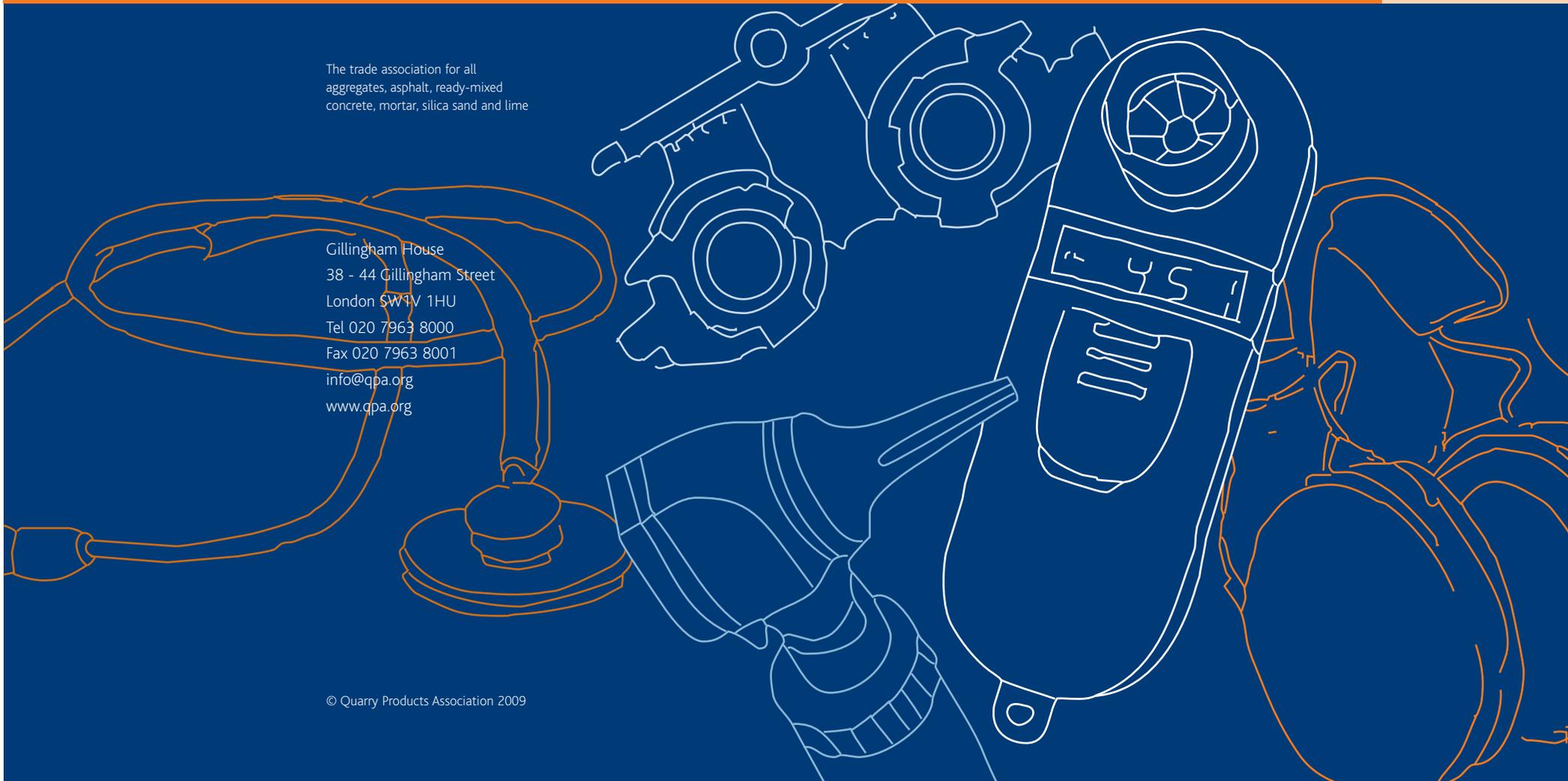
Health Surveillance

To be read in conjunction with the
Guidance for **Pre** and **Post Employment Medicals**

Edition 1 February 2009

The trade association for all
aggregates, asphalt, ready-mixed
concrete, mortar, silica sand and lime

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Legal Requirements

A number of regulations require health surveillance to be undertaken, the main ones being:

- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002
- The Control of Noise at Work Regulations 2005
- The Control of Vibration at Work Regulations 2005

Provision of health surveillance is also a feature of the EU Social Dialogue Agreement on Workers' Health Protection through the Good Handling and Use of Crystalline Silica and Products Containing it.

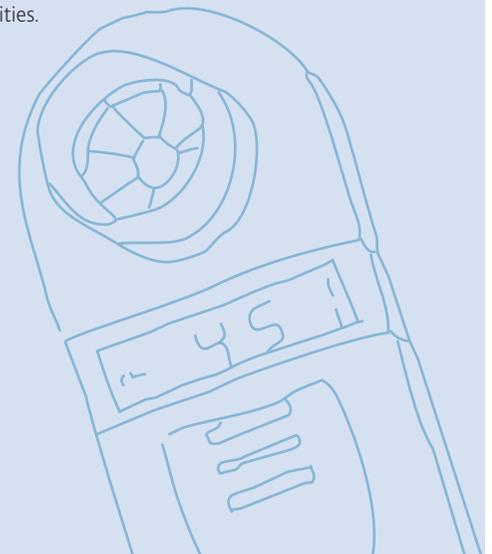
Health surveillance is all about looking out for early signs of work related ill health.

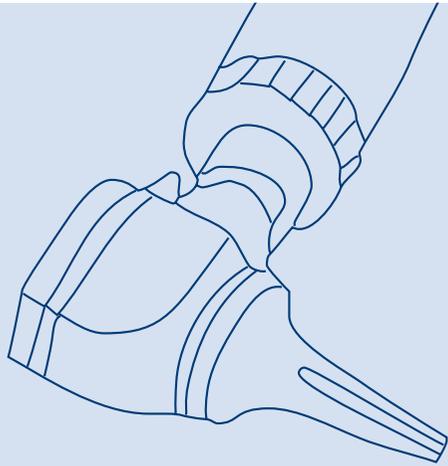
Why should you read this guidance?

There is a legal requirement for Health Surveillance to be undertaken where there is a

risk of work related ill health to the workforce and where techniques exist to identify symptoms of the resulting health effects.

Health Surveillance provides periodic "snapshots" (audits) of a person's health that can be used to spot the early symptoms of work related disease / ill health. It is a useful tool for individual risk management since employers may be able to modify an individual's work activities to prevent further exposure in cases where there are early signs of disease, or potentially to prevent risks to others who may be affected by their work activities.





Health Surveillance is also one means by which we can check the effectiveness of the controls that are in place to manage the identified health risks. However, it is a retrospective method and it may take many years of exposure before symptoms occur.

There is increasing pressure from Employers Liability insurers to obtain information for use in defence of potential future claims.

Failure to carry out effective Health Surveillance may lead to:

- Workers suffering ill health due to inadequate controls
- Workers suffering worse symptoms due to failure to manage an existing health condition
- Accidents/incidents to workers due to individuals being unfit for their work activities

- Enforcement action by the HSE
- Tighter more onerous controls implemented by the regulator
- Personal injury claims against the Company
- Higher insurance premiums

Health surveillance checks also provide opportunity for workers to be advised on lifestyle factors which could affect their overall health.

Paybacks/Benefits to the business

- Effective risk management of the workforce regarding risks to their health
- Improved performance from the workforce
- Early identification of any work related illness
- Raises individuals' awareness of health issues
- Reduces the risk of injury claims and prosecution
- Potential reduction in employer's liability insurance premiums

"Good health is good business" is a valid maxim.

Benefits to the individual worker – timely information on health issues affecting them.

What specific activities in the workplace are affected?

Activities in the minerals industry can lead to occupational exposure to noise, vibration, silica dust, chemicals, gases, fumes, ionising and non-ionising radiation etc. Potential synergistic effects in smokers (overlap with lifestyle factors). Increasing use of VDUs in the workplace may give rise to eyesight problems. Manual handling / other musculoskeletal injuries are major causes of lost time.

Good eyesight and hearing are essential for safety reasons, especially when operating or working in the vicinity of machinery.

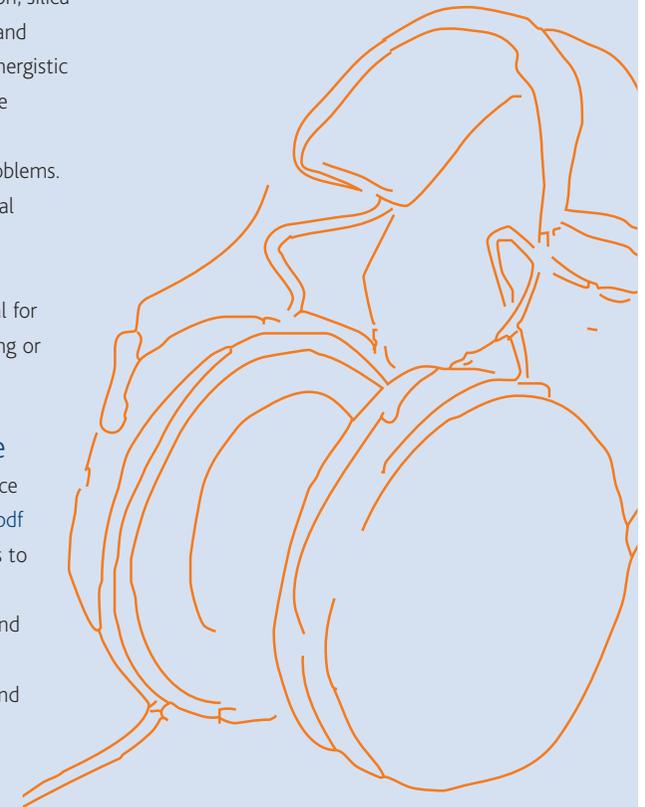
Guidance currently available

The HSE website offers detailed guidance <http://www.hse.gov.uk/pubns/indg304.pdf>

- The Control of Substances Hazardous to Health Regulations 2002
- COSHH Approved Code of Practice and Guidance (5th edition)
- ACoP L21 - Management of health and

safety at work

- Occupational Health Management in the Quarry Industry
<http://www.hse.gov.uk/aboutus/meetings/qnjac/qnjac-ohg.pdf>
- HS(G)61 "Health Surveillance at work"



- HSE COSHH Essentials G404 "Health Surveillance for those exposed to Respirable Crystalline Silica (RCS)"
<http://www.hse.gov.uk/pubns/guidance/g404.pdf>
- EU Social Dialogue Agreement on RCS - www.nepsi.eu
- Control of Noise at Work Regulations – Guidance on Regulations
- Control of Vibration at Work Regulations – Guidance on Regulations

USEFUL CONTACTS

HSE website; <http://www.hse.gov.uk/>
 Contact details for HSE books; 01787 881165
 Safequarry Website <http://www.Safequarry.com>
 QPA Website <http://www.qpa.org/>
 Employment Medical Advisory Service office location <https://www.hse.gov.uk/forms/health/emasoffices.htm>

Good practice currently available

Health surveillance medical every three years using the following protocol:

1. Completion of general health, lifestyle and

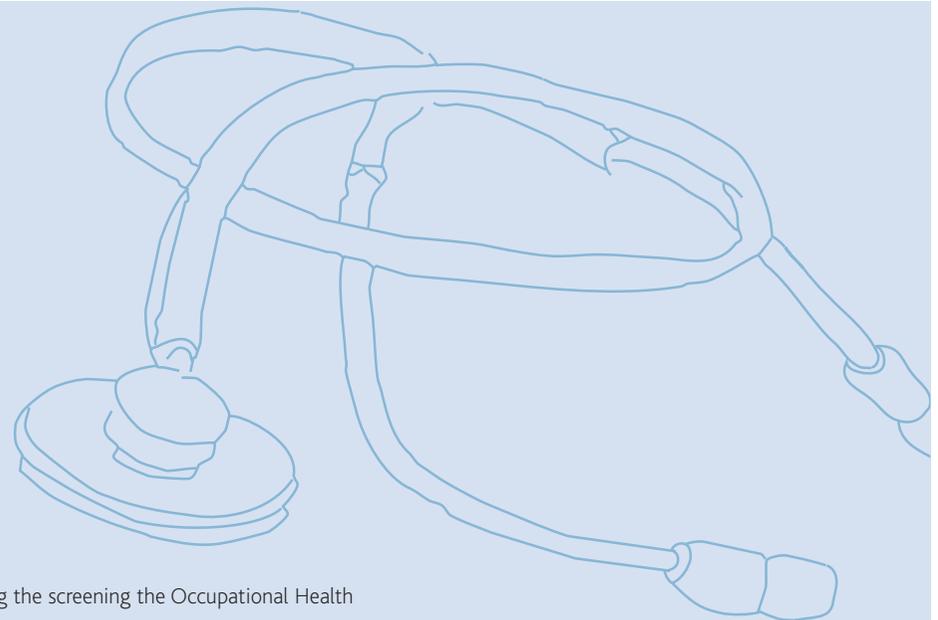
Occupational Health Questionnaire completed by a Nurse or Doctor.

2. Review of noise exposure, past and present hearing problems.
3. Audiometry tests.
4. Vision questionnaire.
5. Vision screen.
6. Respiratory questionnaire.
7. Lung function testing.
8. Skin review.
9. Musculo-skeletal review, particularly for upper limb, spine and vibration disorders.
10. Height, weight and body mass index
11. Blood pressure
12. Urine analysis

This protocol should be supplemented by the following annual surveillance for high risk activities:

1. Completion of general health, lifestyle and Occupational Health Questionnaire completed by a Nurse or Doctor.
2. Lung function testing

(This is the protocol provided by Norwich Union Occupational Health)



During the screening the Occupational Health Nurse can decide if more detailed investigation is required in any area, especially where the proposed activity presents specific risks. E.g. shift work and work in confined spaces

Such a protocol is normally applied only to direct employees. However, companies may consider offering medicals to any long term contractors and temporary staff who work exclusively (or nearly exclusively) for them.

Note that chest X-rays provide a useful tool in the early detection of lung disease. However they present their own risks due to exposure to ionising radiation. Advice should be sought from an occupational physician to determine whether chest X rays are an appropriate

addition to routine health surveillance medicals.

NOTE:

1. For contractors, there are proposals within QPA to trial a health surveillance "passport" scheme.
2. It is unlikely that a normal GP will be competent to provide this service, thus advice from an occupational physician should be sought.

HSE Silica Essentials <http://www.hse.gov.uk/pubns/guidance/qyseries.htm>
 Social Dialogue Agreement on RCS (including Good Practice Guide) - www.nepsi.eu

Training and information that you should consider for your workforce

The content of this guidance could be used as the basis of a simple Toolbox Talk.

Employees and contractors will need to be:

- Informed of the tasks and activities that present a risk to ill health and that will require routine health surveillance
- Provided with information for what will be involved with routine health surveillance
- Provided with feedback of the results from the routine Health Surveillance
- Assured of confidentiality.

Key performance indicators to consider

- Number of workers identified with a work related illness
- Percentage of workers covered by health surveillance
- Number of personal injury claims against the company
- Lost time injuries due to ill health

Note:

EU Social Dialogue Agreement on Respirable Crystalline Silica - from 2008 there will be biennial reporting and automated calculation of key performance indicators relating to provision of health surveillance.

