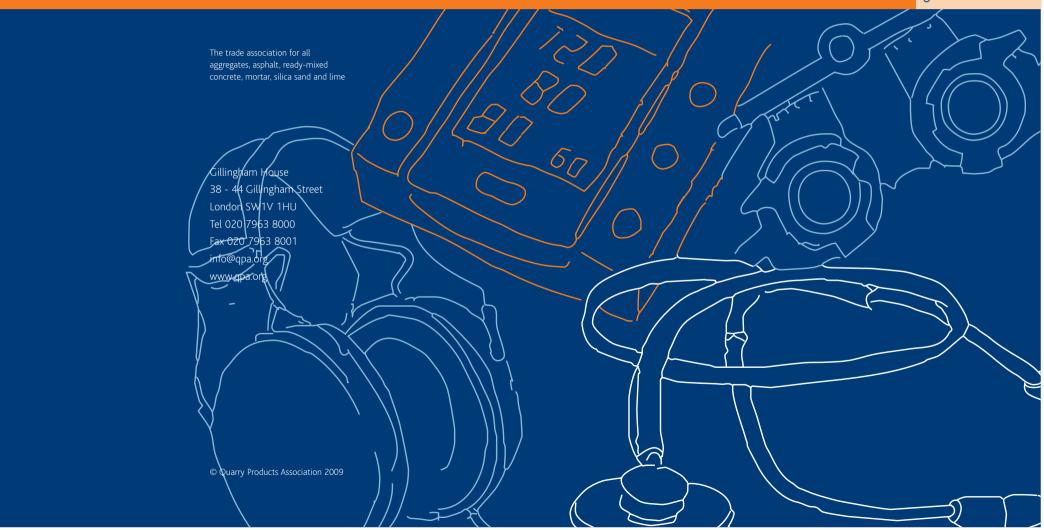


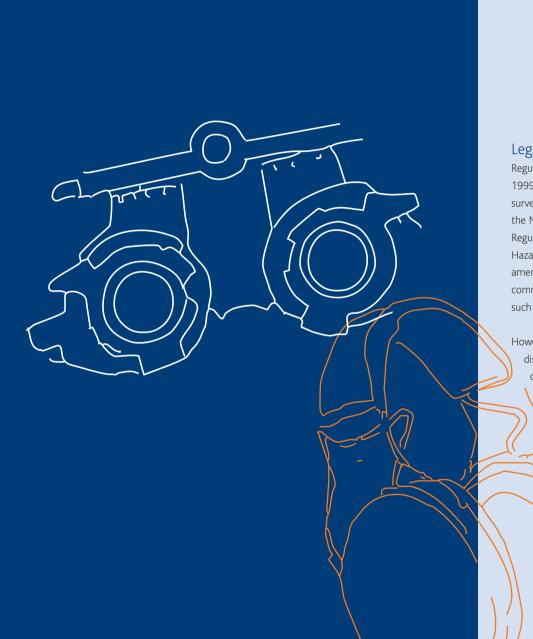


Guidance for **Pre** and **Post Employment Medicals**

Edition 1 February 2009







Legal Requirements

Regulation 43 of The Quarries Regulations 1999 requires that, for any work where health surveillance is required by other legislation (eg the Management of Health & Safety at Work Regulations 1992; Control of Substances Hazardous to Health Regulations 2002, as amended) that health surveillance must commence before a person begins to carry out such work.

However, where there is already a sign of disease, the EU Social Dialogue Agreement on "Workers' Health Protection through the Good Handling and Use of Crystalline Silica and Products Containing It" has the requirement for a postemployment medical follow-up of employees who have been exposed to respirable crystalline silica (RCS) in the workplace and who have ceased

their employment.

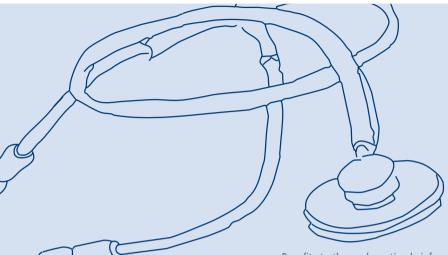
Why should you read this guidance?

Pre-employment and post employment medicals provide useful "snapshots" (audits) of a person's health.

The pre-employment medical audit can be used to determine whether medical conditions existed prior to their proposed employment. 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 is already sign of disease, or potentially to prevent risks to others who may be affected by their work activities.

Post-employment medicals are of benefit to the employer in defence of future claims and also to the ex-employee by providing them with timely information, enabling them (if applicable) to modify their work / lifestyle and/or seek medical advice to prevent further deterioration in their health.

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



The EU Social Dialogue Agreement entitled: "Workers' Health Protection through the Good Handling and Use of Crystalline Silica and Products Containing It" (post employment medical follow-up requirements). This is an industry led Europe-wide initiative that aims to protect workers from exposure to RCS, while providing an alternative to prescriptive and over-zealous European legislation.

Paybacks/Benefits to the business

Benefits to the business - a tool for risk management of individuals, to protect their health and safety and that of others who may be affected. Reduced likelihood of successful Employers Liability (EL) claims. Potential for reduced EL insurance premiums.

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

What specific activities in the work place 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

- Occupational Health Management in the Quarry Industry http://:www.hse.gov.uk/aboutus/meetings/ qnjac/qnjac-ohg.pdf
- this includes many useful references.
- 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
- COSHH Approved Code of Practice and Guidance (fifth edition)
- EU Social Dialogue Agreement on RCS www.nepsi.eu
- Control of Noise at Work Regulations
 2005 Guidance on Regulations.
- Control of Vibration at Work Regulations
 2005 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

Pre and post employment medical using the following protocol:

- Completion of baseline 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 is the protocol for pre-employment medicals 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 were 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 post-employment medicals to any long term contractors and temporary staff who have worked 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 pre/post employment medicals.

NOTE:

- 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, therefore advice should be sought from an occupational physician

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.

Key performance indicators to consider

Number of people assessed for Pre & Post Employment Medicals

Note:

The EU Social Dialogue Agreement on RCS - from 2008, there is biennial reporting and automated calculation of key performance indicators relating to health surveillance, etc.

