



**Science and  
Technology  
Facilities Council**

# Occupational Health Surveillance and Health Screening Medicals

STFC Safety Code No 24

Rev. 1.8, Issued on December 2019

## Revisions

1	Initial Launch	March 2009
1.1	Minor changes to comply with changes to other codes	November 2011
1.2	Amendments to audit checklist	May 2013
1.3	Additions to 4.3 re transfer of health surveillance and monitoring records	July 2013
1.4	Modification to 'Night Working', Appendix 1 and addition of Document Retention Appendix	Sept 2014
1.5	Minor addition to Document Retention Policy	June 2017
1.6	Minor update to reflect the launch of SHE Assure	October 2018
1.7	Update to Appendix 1 and Document retention	April 2019
1.8	Update to Document Retention policy in line with UKRI code.	December 2019

## Contents

1. Purpose
2. Scope
3. Definitions
4. Responsibilities
  - 4.1 Line Managers and Supervisors
  - 4.2 STFC staff
  - 4.3 Occupational Health

## Appendices

- Appendix 1: Health Surveillance and medicals for commonly encountered health hazards
- Appendix 2: Training
- Appendix 3: Audit Checklist
- Appendix 4: Document Retention Policy

# Occupational Health Surveillance and Health Screening Medicals

## 1. Purpose

Absence arising from work related, or occupational, ill health or disease in the UK far exceeds the impact of that arising from occupational injuries. The Health and Safety Executive (HSE) reports that in 2007/8 2.1 million employees were suffering from illness they believed was caused or made worse by their current or past work, over half being musculo skeletal upper limb and back disorders.

While the cost and impact of an injury is easily related to a specific incident and the effects generally immediate, occupational ill health or diseases are typically characterised by cumulative and low level exposure to hazards for which the impact can take many years to manifest. Occupational ill health or diseases are also characterised by their long term or chronic nature resulting in permanent disability and/or suffering affecting an individual's quality of life. The consequences of long term absence arising from occupational ill health or disease can be financially significant to both employer and employee.

Most occupational ill health or disease can be prevented by taking effective steps to control the hazards to health that arise from for example: chemicals; radiation; display screen equipment; manual handling; vibrating machinery; noise etc.

The STFC is committed to minimising the incidence of occupational ill health or disease through the effective control of such hazards and the adoption of proactive supporting strategies to demonstrate that control measures remain effective and to confirm the medical fitness of individuals to take on and continue in particular roles.

These supporting strategies include:

- Health Surveillance; and
- Health Screening.

This code aims to deliver consistent occupational health standards across all STFC sites and meet the occupational health requirements set out in legislation, for example:

- The Control of Substances Hazardous to Health Regulations, 2002.
- The Management of Health and Safety at Work Regulations, 1999.
- The Noise at Work Regulations, 2005.
- Ionising Radiation Regulations, 2017

Occupational Health service provision is available to all STFC staff but may vary in the manner it is delivered depending on location, from full time on site provision through to contracted off site services.

## **2. Scope**

All STFC staff, and tenants, who are responsible for staff or others whose work exposes them to hazards for which health surveillance and health screening is required to confirm medical fitness of individuals to undertake work with these hazards.

Contractors, tenants, visitors and facility users shall ensure that they undertake necessary health surveillance and screening prior to undertaking activities on STFC sites where these are necessary.

This code does not address the particular management controls that should be employed to minimise the potential for occupational ill health or disease these are covered by specific codes relating to those hazards for example: Radiation Management; Manual Handling; management of Noise etc where the need for health surveillance will be noted.

## **3. Definitions**

### **3.1. Health Surveillance**

The process of developing and implementing systematic, regular and appropriate procedures to detect the early signs of work-related ill health, where they exist, among employees exposed to certain health hazards in the work place. As appropriate, act upon the results of such procedures in determining their fitness to carry out designated tasks or confirm the effectiveness of measures employed to control a potential health hazard.

### **3.2. Health Screening**

Any test or examination, whether legally required or not, intended to establish an individual's baseline health and confirm their initial and ongoing suitability for a particular job / task. This process may rely on paper screening (e.g. questionnaires to determine pre-existing medical conditions), physical examinations or both. Such screening would be employed to ensure that individuals' with particular medical conditions are not endangered by the nature of their duties for example using overhead cranes; driving fork lift trucks; or working at height/climbing, see Appendix 1, and confirm their on-going health.

### **3.3. Appointed Doctor**

Under regulation 2(1) of the Ionising Radiations Regulations, 2017, means a registered medical practitioner who meets such recognition criteria as may from time to time be specified in writing by the HSE. The Appointed Doctor is also referred to in the Ionising Radiation Regulations 2017 as the relevant doctor in accordance with Regulation 25(2).

### **3.4. Classified Person**

An individual designated as such, under regulation 21(1) of the Ionising Radiation Regulations, 2017.

### **3.5. Health Record**

In relation to an employee, the HSE defined record of health surveillance of that employee maintained by the STFC in accordance with regulation 25(3) of the Ionising Radiation Regulations, 2017, or the Control of Substances Hazardous to Health Regulations, 2002.

## **4. Responsibilities**

### **4.1. Line Managers and Supervisors shall:**

- 4.1.1 In undertaking Risk Assessment of work, as defined in STFC [SHE Code 6, Risk Management](#) or any other STFC SHE code, ensure that specific consideration is given to health risks arising from work undertaken. Appendix 1 details the requirement for health surveillance, and health screening for common hazards. Where work is undertaken by contractors, ensure that they are subject to relevant health surveillance and screening for the hazards they work with on STFC sites by their employer.
- 4.1.2 As appropriate seek the guidance and advice of the STFC SHE Group or Occupational Health teams with respect to the need for health surveillance.
- 4.1.3 Ensure that all staff have sufficient information, instruction and training to understand the potential for, symptoms of and the need to report all instances of occupational ill health or disease arising from the hazards likely to be encountered during the course of their work.
- 4.1.4 Ensure all new staff undertake, as detailed in Appendix 1, new starter medicals and all staff undertake health screening and medicals necessary for the hazards likely to be encountered during the course of their work
- 4.1.5 Immediately report all actual or suspected instances of occupational ill health or disease to the STFC SHE Group see STFC [SHE Code 5: Incident reporting and investigation](#) and local Occupational Health teams.

### **4.2. STFC staff shall:**

- 4.2.1. Report to their line manager or supervisor any pre-existing medical or health condition that may be exacerbated as a result of their STFC employment.
- 4.2.2. Follow all instruction and training, and safe systems of work or operating instructions, with respect to the potential health hazards associated with their work.

4.2.3. Report promptly to their supervisor or line manager any symptoms or ill health which they believe may be related to their work, for example cough, wheeze or rash.

### **4.3. Occupational Health shall:**

4.3.1 Provide pro-active and reactive advice, guidance and support to line managers with respect to occupational health hazards and their assessment, and the clinical investigation of incidents of occupational ill health.

4.3.2 Co-ordinate and complete programmes of health assessments: pre-employment medical assessments; and statutory medical assessments (see Appendix 1) and health surveillance and health screening, as requested by line managers. Provide line management with a 'Health Record' for staff – a non-medically confidential certificate describing an individual's fitness for work arising from health assessments. Manage the periodic recall of individuals for health assessments.

4.3.3 In the event that STFC divests itself of any part of its operations to a new organisation, transfer all 'Health Records' and records of exposure monitoring for any staff transferred to the new organisation. Copies of any such records transferred shall be kept by the STFC as per 4.3.6.

4.3.4 In the event that STFC divests itself of any part of its operations to a new organisation Occupational Health team advice should be sought with regard to the transfer of 'Clinical Records' for staff. 'Clinical Records' are medically confidential records of an individual's health managed by health professionals under the provisions of the Data Protection Act, 1998.

4.3.5 In the event that STFC ceases to operate, offer all 'Health Records', 'Clinical Records' and records of exposure monitoring to the relevant local HSE office.

4.3.6 Maintain 'Health Records', 'Clinical Records' and records of exposure monitoring ensuring appropriate levels of confidentiality for 50 years.





## Appendices

### Appendix 1 Health Surveillance and medicals for commonly encountered health hazards

Hazard	Associated occupational illness/diseases	Legislation and STFC SHE Code	Requirement and commentary including frequency of assessment
<b>Asbestos</b>	Asbestosis, Mesothelioma, reduced lung function	Control of Asbestos at Work Regulations 2006 <a href="#">STFC SHE Code 35</a>	Statutory health surveillance for workers if exposed to levels over the action limit defined in the legislation. Non statutory surveillance appropriate to workers who are not currently exposed at levels requiring surveillance, but may have been exposed in the past <b>Frequency</b> on commencement and every 2 years. Undertaken by an HSE appointed doctor for statutory asbestos medical surveillance.
<b>Biological agents</b>	Ability to contract infections from organisms being investigated if risk not adequately managed.	<a href="#">STFC SHE Code 16</a>	This will be undertaken where there is considered to be exposure to biological agents and there is a method of validated biological monitoring. Each request will be considered individually at the manager's request. <b>Frequency</b> on commencement and then annually but may vary depending on risk

Hazard	Associated occupational illness/diseases	Legislation and STFC SHE Code	Requirement and commentary including frequency of assessment
<b>Chemicals</b>	Dermatitis, poisoning, Reduction in lung function, chemical sensitisation. Reproductive hazards. Cancers.	Control of Substances Hazardous to Health (COSHH), 2002  <a href="#">STFC SHE Code 37</a>	Advice in regard to the need for health surveillance when using, handling or disposing of a particular chemical is contained in the relevant Material Safety Data Sheet (MSDS) which should be consulted or contact occupational health for advice.  Undertaken by an HSE appointed doctor for statutory chemical medical surveillance.  Including dusts, metal working fluids and glues.
<b>Lead</b>	Low level exposure headaches, stomach pains and anaemia. High level exposure more serious health effects include kidney damage, nerve and brain damage and infertility.	Control of Lead at Work Regulations 2002  <a href="#">STFC SHE Code 37</a>	Undertaken by an HSE appointed doctor for statutory lead medical surveillance.

Hazard	Associated occupational illness/diseases	Legislation and STFC SHE Code	Requirement and commentary including frequency of assessment
<b>Climbing and rigging</b>	Injuries arising from fall from heights	Working at Heights Regulations 2005 <a href="#">STFC SHE Code 9</a>	A specialised medical designed to assess the fitness of employees undertaking work on masts, towers and other antenna bearing structures. The medical standards are based on advice from Working at Heights Regulations 2005 and the Guidance document Masts and Towers Safety Group. It is vital to consider specific pre-existing medical conditions for example uncontrolled epilepsy or uncontrolled diabetes. <b>Frequency</b> on commencement and every 2 years until age 50 then annually
<b>Display Screen Equipment (DSE)</b>	Headaches, stress and fatigue arising from inability to use DSE.	Health and Safety (Display Screen Equipment) Regulations 1992 <a href="#">STFC SHE Code 25</a>	Eye and eyesight tests provided through site Occupational Health teams upon line manager approval. Actual tests are out sourced to qualified opticians. <b>Frequency</b> as required.

Hazard	Associated occupational illness/diseases	Legislation and STFC SHE Code	Requirement and commentary including frequency of assessment
<b>Driving</b>	Injuries arising from car crash Injuries arising from accidents with fork lift trucks and cranes	<a href="#">STFC SHE Code 8 Travel on Council Business</a>	<p>The 'At a Glance' Guide to the Current Medical Standards of Fitness to Drive issued by the Drivers Medical Unit of the Driver and Vehicle Licensing Authority (DVLA) which provides the basis for health screening for the following types of driver:</p> <ul style="list-style-type: none"> <li>• Fork lift and Overhead Crane drivers;</li> <li>• Professional car drivers to Group 1 standards; and</li> <li>• Drivers of larger lorries are to Group 2 standards.</li> </ul> <p>It is vital to exclude specific pre-existing medical conditions including uncontrolled epilepsy or diabetes, and ensure the following:</p> <ul style="list-style-type: none"> <li>• Acceptable eyesight;</li> <li>• Acceptable hearing;</li> <li>• Good general mobility to allow easy access to/ from the vehicle; and</li> <li>• Good mobility in their neck and shoulders to facilitate good all round visibility and allow safe reversing.</li> </ul> <p>Drivers should also be asked to confirm if they have a DVLA notifiable condition.</p> <p><b>Frequency</b></p> <p>Professional drivers - on commencement and every 2 years to age 50 then annually.</p> <p>Forklift truck drivers on commencement and every 2 years up to age 50 then annually</p> <p>Crane drivers on commencement then annually</p>

Hazard	Associated occupational illness/diseases	Legislation and STFC SHE Code	Requirement and commentary including frequency of assessment
<b>High altitude working</b>	Altitude sickness, pulmonary oedema (water on lungs), cerebral oedema (water on brain), and Cardiac emergencies	<a href="#">STFC SHE Code 8 Travel on Council Business</a> and <a href="#">Appendix 2</a>	This medical is undertaken for employees visiting or working at STFC sites above 10000 feet. See STFC SHE Code 8 Travel on Council Business Appendix 2.

Hazard	Associated occupational illness/diseases	Legislation and STFC SHE Code	Requirement and commentary including frequency of assessment
<b>Ionising Radiation</b>	Cancer, leukaemia	Ionising Radiation Regulations, 2017. STFC SHE Code 29	<p>The “Work with ionising radiation: Ionising Radiation Regulations 2017” – Approved Code of Practice (ACOP) and Guidance (L121) requires classified radiation workers to be in a programme of medical surveillance.</p> <p>Undertaken by an HSE appointed doctor for statutory ionising radiation medical surveillance.</p> <p>Line managers should notify the Radiation Protection Adviser who will inform the Occupational Health Department before anyone begins work as a classified radiation worker.</p> <p>The nature of the health surveillance for each individual should take account of the nature of the work with ionising radiation, the results of dosimetric testing, sickness absence records and the individual’s state of health, and should include:</p> <ul style="list-style-type: none"> <li>• A medical examination before first being designated as a classified person in a post involving work with ionising radiation by the Appointed Doctor. This examination confirms a person’s fitness to become a classified radiation worker;</li> <li>• Periodic reviews of health at least once every year to confirm a person’s continuing fitness to be a classified radiation worker, normally a paper based questionnaire through which classified workers will be offered an Appointed Doctor consultation;</li> <li>• Special health surveillance of an employee where a relevant radiation dose limit, as determined by dosimetric testing, has been exceeded; and</li> <li>• A review of health after cessation of work where this is necessary to safeguard the health of the individual.</li> </ul>

Hazard	Associated occupational illness/diseases	Legislation and STFC SHE Code	Requirement and commentary including frequency of assessment
<b>Night working</b>	Night working has been associated with/or could exacerbate the following illnesses or medical conditions: high blood pressure; diabetes; asthma; heart disease; stomach disorders; bowel problems; epilepsy; sleeping disorders; and mental health conditions.	Working Time Directive (1998)	All employees who undertake at least three hours of night work on a regular basis including all shift workers must be offered a health assessment to assess their fitness for night work. <b>Frequency</b> on commencement and annually thereafter.
<b>Noise</b>	Tinnitus, Deafness and or impaired hearing	Noise at Work Regulations 2005 <a href="#">STFC SHE Code 18</a>	Statutory Health Surveillance required for the protection of the hearing of staff exposed to high levels of noise: <ul style="list-style-type: none"> <li>• Staff working in defined hearing protection zones or regularly exposed to an averaged exposure over 85dBA</li> <li>• Those staff regularly exposed to between 80-85dBA identified as being sensitive to noise induced hearing loss</li> </ul> <b>Frequency</b> on commencement and then annually

Hazard	Associated occupational illness/diseases	Legislation and STFC SHE Code	Requirement and commentary including frequency of assessment
<b>Stress</b>	Psychological and physical symptoms for example high blood pressure		Where the symptoms of stress, occupationally related or not, are identified in staff, line managers should refer them to Occupational Health for medical assessment. Where confirmed, consideration should be given, with HR advice, to the work an individual undertakes and to reducing occupational sources of stress.
<b>Underground working</b>			These medicals are appropriate for individuals who are working a kilometre or more underground specifically at Boulby mine. <b>Frequency</b> On commencement and every 2 years to age 50 then annually
<b>Vibrating machinery</b>	Vibration white finger, upper limb disorders	Control of Vibration at Work Regulations 2005 <a href="#">STFC SHE Code 4 Appendix 3</a>	Statutory health surveillance for employees exposed to hand or arm vibration as found in: Hand held vibrating tools (grinders and jack hammers); Chain saws or pneumatic drills <b>Frequency</b> On commencement and then annually. This surveillance needs to be undertaken by a suitably trained occupational health professional

Further guidance can be found in [HSE website](#).



## **Appendix 2 Training**

No specific training requirements for this code except a working knowledge of this code, and the launch presentation associated with it.

Training in specific health hazards can be found in the relevant STFC SHE codes, as listed in Appendix 1.

## Appendix 3 Audit Checklist

Ref	Item	Rating	Comments
1 (Section 4.1.1)	Have risk assessments, involving those activities where occupational ill health hazards exist, identified them and established occupational health screening and medical examinations?		
2 (Section 4.1.4)	Are medical examinations and health screening being undertaken? Including pre-employment screening.		
3 (Section 4.1.3)	Are staff aware of the occupational health hazards of the work they undertake?		
4 (Section 4.1.5) (Section 4.2.3)	Have incidents of occupational ill health been reported and investigated?		
5 (Section 4.3.2)	Is there a managed programme of occupational health screening and medical assessment, routinely re-calling staff for assessment?		
6 (Section 4.3.3)	Are records of occupational screening and medicals maintained for 50 years and held securely?		

## Appendix 4 Document Retention Policy

Records Established	Minimum Retention Period	Responsible Record Keeper	Location of Records	Comments / Justifications
All Health Records and Medical records relating to health screening (e.g. fork lift truck medicals)	<p>40 Years from date of last entry.</p> <p>Hard copy records to be destroyed by OH or STFC staff using a cross cut shredder and disposed through normal recycled waste streams.</p> <p>Electronic copies to be disposed of by OH provider only with permission of organisation.</p>	Occupational Health Providers	Local Record Systems	Note Transfer Requirements: Copies re: TUPEd staff to HSE when STFC ceases to operate.
All health records and supplementary records relating to health surveillance, sometimes referred to as 'management referrals'. Usually managed by HR	<p>6 Years post-employment.</p> <p>Hard copy records to be destroyed by OH or STFC staff using a cross cut shredder and disposed through normal recycled waste streams.</p> <p>Electronic copies to be disposed of by OH provider 6 years post-employment.</p>	Occupational Health providers	Local Records Systems	Note Transfer Requirements: Copies re: TUPEd staff to HSE when STFC ceases to operate.