



**Science and
Technology
Facilities Council**

Occupational Health Screening and Surveillance

STFC Safety Code No 24

Rev. 2.2, Issued on February 2024

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
2.0	Major update to Appendix 1 and some other minor updates	June 2022
2.1	Updates to Appendix 1	December 2022
2.2	Minor update to Appendix 1	February 2024

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Occupational Health Screening and Surveillance

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.

While the cost and impact of an injury is easily related to a specific incident and the effects are generally immediate, occupational ill health or disease is typically characterised by cumulative and low level exposure to hazards for which the impact can take many years to manifest. Occupational ill health or disease is 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: hazardous substances; radiation; improper use of 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, the implementation 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:

- New starter Pre-placement Questionnaires (PPQs);
- Health Screening; and
- Health Surveillance.

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 in which it is delivered depending on location, from full time on site provision to contracted off site services.

2. Scope

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This code applies to all STFC staff who are responsible for staff, or others, whose work may expose them to hazards for which a risk assessment requires health screening or health surveillance, in order to confirm their medical fitness to undertake their role.

Contractors, tenants, visitors and facility users shall ensure that they undertake necessary risk assessments prior to undertaking activities on STFC sites and any health screening or health surveillance identified as necessary is carried out.

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; Control of Noise, etc., where the need for health surveillance will be noted.

3. Definitions

3.1. Pre Placement Questionnaires (PPQs)

After a job offer is issued by UKRI to a prospective member of staff, an online form is issued which allows the individual to disclose any existing health conditions or disability which they believe may affect their ability to undertake the role being offered. Occupational Health (OH) will review this information and, if necessary, seek more information from the person either by phone, Zoom or in person.

For example, an assessment may be required if the individual's health condition may:

- limit or prevent the performance of certain tasks within the role (e.g. a musculoskeletal condition that limits mobility);
- be made worse by certain tasks within the role (e.g. pre-existing skin condition which may be exacerbated if handling certain substances);
or
- make certain tasks unsafe for them and for others within the role (e.g. colour blindness and failure recognise safe/unsafe condition signals).

The report generated by OH will provide guidance to the line manager to allow them to make reasonable workplace adjustments and/or adaptations to support the individual's health needs, and to allow the individual to work safely.

See Appendix 2 for a flowchart detailing the pre placement process within STFC.

3.2. Health Screening

The existing health status of an individual may compromise their ability to undertake a task defined as safety critical, thereby posing a significant risk to the health and safety of others. Health Screening is any test or examination,

whether legally required, stipulated as an STFC requirement or through specific activity risk assessment, which is intended to establish both:

- an individual's baseline health prior to engagement on a task or potential exposure to a hazard; and
- continued monitoring to ensure early detection of any health issues which would, combined with their role, put them at increased risk of disease or injury.

It is important that such workers are not suffering from pre-existing or uncontrolled medical conditions, or having any medical treatment which is likely to present a risk such as:

- sudden loss of consciousness or incapacity
- diminished visual acuity or hearing loss
- impairment of situational awareness, concentration or balance
- loss of coordination or significant limitation in mobility.

Similarly, the activity being undertaken may impose limitations or restrictions against which the employee undertaking the task may need to be medically assessed, for example:

- shoulder, chest and waist width to enter a confined space
- limb dexterity and movement to climb ladders or scaffolding
- weight and BMI limits to comply with harness weight restrictions, etc.

Appendix 1 provides a list of STFC roles and activities for which Health Screening is required.

3.3. Health Surveillance

Health Surveillance is a system of ongoing health checks which allow for early identification of ill health and helps identify any corrective action needed to control potential exposures. It may be required by law if an individual is potentially exposed to noise or vibration; biological agents and other hazardous substances such as solvents, fumes, dusts; or ionising radiation.

The hierarchy of control measures must be applied to control exposure to these agents as identified in a risk assessment, and individuals involved in the work must be trained to an appropriate standard. Where potentially significant exposures still remain, a health surveillance programme may be appropriate if the following criteria are met:

- an individual is being exposed to a hazard that is linked to an identifiable disease or adverse health effect, AND
- there is reasonable chance that the disease or adverse health effect may occur under the conditions of work, AND
- there are valid techniques of detecting the disease or adverse health effect.

Health Surveillance is important because it:

- allows detection of ill health effects at an early stage, so that employers can introduce better controls to prevent any health condition deteriorating
- provides data to help employers evaluate health risks
- empowers employees to raise concerns about how work affects their health
- highlights lapses in workplace control measures, therefore informing revision of the risk assessment
- presents an opportunity to educate and reinforce the training of employees on the use of control measures, including personal protective equipment, and the impact on their health if control measures are not applied properly.

3.4. **Appointed Doctor**

An appointed doctor is a registered medical practitioner appointed by HSE to undertake statutory medical surveillance. HSE is responsible for the following regulations where medical surveillance conducted by an appointed doctor may be required:

- Ionising Radiations Regulations 2017
- Control of Lead at Work Regulations 2002
- Control of Asbestos Regulations 2012
- Control of Substances Hazardous to Health Regulations 2002 (as amended)
- Work in Compressed Air Regulations 1996

The Appointed Doctor is also referred to in the Ionising Radiation Regulations 2017 as the relevant doctor in accordance with Ionising Radiations Regulations 2017 Regulation 25(2).

3.5. **Classified Person**

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

3.6. **Health Record**

In relation to an employee, the HSE defined record of health surveillance of that employee maintained by the STFC.

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 the work activities undertaken. Appendix 1 details the requirement for health screening/surveillance for hazards which may be encountered at STFC. Where relevant work is undertaken by contractors, ensure that their employer abides by the principles of this Code for the hazards they work with on STFC

sites.

- 4.1.2 When recruiting, ensure the online section of the 'Authority to Recruit' form related to work hazards is completed as this information is forwarded to Occupational Health to initiate appropriate, health screening/surveillance.
- 4.1.3 Regularly review the health screening/surveillance data for their team, ensuring it is accurate in relation to the relevant activity risk assessments and Appendix 1 of this code.
- 4.1.4 As appropriate seek the guidance and advice of the STFC SHE Group or Occupational Health teams with respect to the need for health screening and/or health surveillance.
- 4.1.5 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.
- 4.1.6 Ensure all new staff undertake, as detailed in Appendix 1, health screening/surveillance necessary for the hazards likely to be encountered during the course of their work.
- 4.1.7 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 Occupational Health.

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 or which may affect their ability to undertake their role safely.
- 4.2.2. Report to their line manager or supervisor any new or temporary change in health status that may be exacerbated as a result of their STFC employment, or which may affect their ability to undertake their role safely.
- 4.2.3. Follow all instruction and training, and safe systems of work or operating instructions, with respect to the potential health hazards associated with their work.
- 4.2.4. Report promptly to their supervisor or line manger 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:

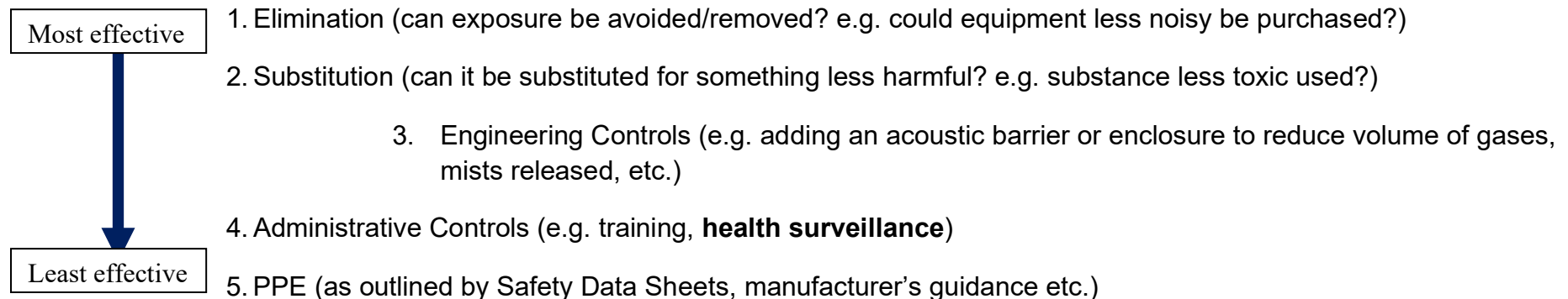
- 4.3.1 Provide pro-active and reactive advice, guidance and support to SHE Group and line managers with respect to occupational health hazards and their assessment, and the clinical investigation of incidents of occupational ill health.
- 4.3.2 Co-ordinate and complete programmes of health assessments: pre-placement medical assessments; and statutory medical assessments (see Appendix 1) and health screening and health surveillance, 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, at the prescribed intervals.
- 4.3.3 Manage all health records and records of exposure monitoring. Both electronic and paper clinical records will transfer securely when the occupational health contract transfers between suppliers. 'Clinical Records' are medically confidential records of an individual's health managed by health professionals under the provisions of the Data Protection Act, 1998.
- 4.3.4 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.
- 4.3.5 Maintain 'Health Records', 'Clinical Records' and records of exposure monitoring as per the document retention policy, see Appendix 5.

Appendix 1 Health Surveillance and medicals for commonly encountered health hazards

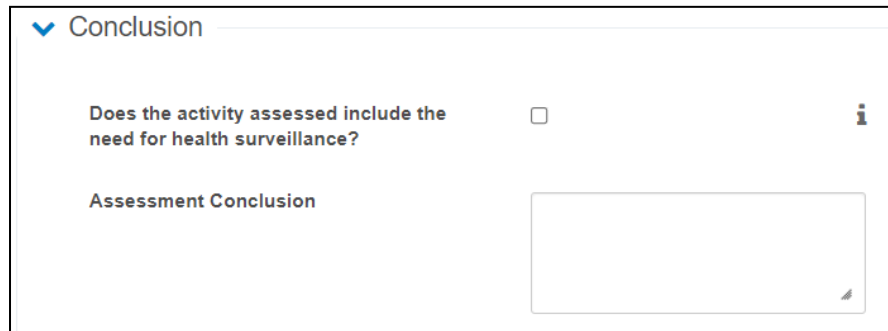
Health screening is when staff, in certain roles, are screened for any medical condition which could impact their ability to perform this role.

Health surveillance is performed when staff are working with known hazards to ensure these hazards are not impacting on their health.

All activities covered by either health screening and/or health surveillance must be accompanied by a documented risk assessment. As detailed in SHE Code 6: Risk Management, the risk assessment should consider control measures in a hierarchical order. This risk assessment should include health monitoring/surveillance as an additional control measure where control measures higher in the hierarchy may be insufficient to prevent harm to health, but health surveillance is not the primary control measure when working with the hazards detailed in the following tables. Health surveillance should be considered under 'Administrative Controls':



The risk assessment should be stored on Evotix Assure and health screening/surveillance recorded under the heading “Conclusion”.



▼ Conclusion

Does the activity assessed include the need for health surveillance? **i**

Assessment Conclusion

When staff require multiple appointments for health screening/surveillance, the majority of staff will have their assessments completed in one visit.

Health Screening

It is important that staff in specific roles within STFC receive health screening. This will allow early diagnosis of any medical condition or implications of any medical treatment being received to be considered in relation to this role. The roles within STFC which require health screening, their recommended frequency and the assessments undertaken are:

Job role	Legislation and STFC SHE Code	Assessments undertaken	Frequency of assessment
Professional drivers	STFC SHE Code 8: Travel on Council Business	General health questionnaire Urine sample to test for diabetes or other underlying condition Whisper Test Vision Screening Musculoskeletal assessment Blood pressure and BMI	On commencement then every 2 years until age 50, thereafter annually

<p>Workplace transport operators e.g. Fork Lift Truck (FLT) drivers, Mobile Elevated Work Platform (MEWP) operators, scissor lift operators, etc.</p>	<p>STFC SHE Code 4: Safety and the Safe use of Work Equipment</p>	<p>General health questionnaire</p> <p>Urine sample to test for diabetes or other underlying condition</p> <p>Whisper Test</p> <p>Vision Screening</p> <p>Musculoskeletal assessment</p> <p>Blood pressure and BMI</p>	<p>On commencement, every 2 years up to age 50 then annually thereafter</p>
<p>Operators of cranes which will be moved more than 5 metres horizontally or vertically.</p>	<p>STFC SHE Code 26: Safe use of lifting equipment and lifting accessories</p>	<p>General health questionnaire</p> <p>Urine sample to test for diabetes or other underlying condition</p> <p>Whisper Test</p> <p>Vision Screening</p>	<p>On commencement then annually thereafter</p>

		<p>Musculoskeletal assessment</p> <p>Blood pressure and BMI</p>	
<p>Working at height with no edge protection or fall arrest system in place. For example, e.g. use of ladders above average ceiling height (2.4m) with no fall arrest system in place, erecting scaffolding or mobile scaffold towers, etc</p> <p>Note: This does not include working below average ceiling height (2.4m) from work platforms, stepladders or kick stools, etc</p>	<p>STFC SHE Code 9: Working at Height</p> <p>Working at Heights Regulations 2005</p>	<p>General health questionnaire</p> <p>Urine sample to test for diabetes or other underlying condition</p> <p>Vision and hearing checks</p> <p>Musculoskeletal assessment</p> <p>Blood pressure and BMI</p> <p>Lung function test</p>	<p>On commencement, every 2 years up to age 50 then annually thereafter</p>

<p>Confined space workers</p>	<p>STFC SHE Code 11: Work in Confined Spaces</p> <p>Confined Spaces Regulations 1997</p>	<p>General health questionnaire</p> <p>Urine sample to test for diabetes or other underlying condition</p> <p>Vision and hearing checks</p> <p>Musculoskeletal assessment</p> <p>Blood pressure and BMI</p> <p>Lung function test</p>	<p>On commencement, every 2 years up to age 50 then annually thereafter</p>
<p>Night worker. All employees who undertake at least 3 hours of night work on a regular basis. All shift workers.</p>	<p>Working Time Directive and Working Time Regulations 1998. Employers are required to ensure workers are fit for night work and are required to offer a free health</p>	<p>General health questionnaire</p> <p>Urine sample to test for diabetes or other underlying condition</p> <p>Blood pressure</p>	<p>On commencement then annually thereafter</p>

	assessment on a regular basis.		
Lone worker as defined in STFC SHE Code 1, together with a known pre-existing health condition, e.g. epilepsy, heart condition, diabetes, etc. which could affect their ability to work safely alone.	STFC SHE Code 1: Lone Working	General health questionnaire Urine sample to test for diabetes or other underlying condition Blood pressure	On commencement and then annually thereafter
High altitude worker (Visiting or working at site located at or above 10,000ft (>3,000m))	STFC SHE Code 8: Travel on Council Business	Currently under review	This must be booked with Occupational Health a minimum of 6 weeks prior to travel
Underground worker Working more than 1km underground. Examples of current STFC relevance includes working in Boulby mine.		Staff currently receive annual health surveillance from on-site Occupational Health service provided by the mine owners/operators	

Health surveillance

Health surveillance may be required when working with certain hazards. Despite the risk assessment identifying control measures, with emphasis on the control hierarchy, where there is still potential for exposure a health surveillance programme may be required for the individual to monitor for any signs of emerging ill health so that prompt action can be taken.

Health surveillance is required if all the following criteria are met:

- there is an identifiable disease/adverse health effect and evidence of a link with workplace exposure
- it is likely the disease/health effect may occur
- there are valid techniques for detecting early signs of the disease/health effect
- these techniques do not pose a risk to employees

If you are unsure to the extent of your exposure to any substance detailed below, please contact SHE Group.

Hazard	Legislation and STFC SHE Code	Potential health effect	Examples (not an exhaustive list)	Assessments undertaken	Frequency
Asbestos	All work with asbestos is carried out by specialist asbestos contractors – no surveillance requirement for STFC staff				
HAZARDOUS SUBSTANCES Biological agents	Control of Substances Hazardous to Health (COSHH)	Infection, depending on biological agent	Hazard Group 2 pathogens	Consult SHE Group	On commencement Annual review via questionnaire

Occupational activities which may expose staff to hazardous biological agents identified by the COSHH assessment, and hazard grouping.	Regulations, 2002 ACDP 4 th Edition 2021 Genetically Modified Organisms (Contained Use) Regulations, 2014 ACGM Compendium of Guidance	Infection, depending on viral agent	<ul style="list-style-type: none"> • Bacteria, viruses, fungi (including yeasts and moulds) and internal human parasites • Human blood or tissue culture (includes ancillary support staff) • Exposure to viral agents in sewage (e.g. plumbers) 	Consult SHE Group Possible Hepatitis vaccination plan	Prior to commencement Periodic boosters as required.
	STFC SHE Code 16	Infection depending on GMO and class	Class 1, 2 (or 3) GMOs	Consult SHE Group	Commencement Annual review via questionnaire
HAZARDOUS SUBSTANCES	COSHH 2002 COSHH Schedule 6	Causing occupational dermatitis	<ul style="list-style-type: none"> • Latex • Adhesives • Solvents 	Health questionnaire Skin monitoring Lung function test	Commencement Thereafter annually

<p>Chemical agents – dusts, mists, fumes</p> <p>Anyone with any known sensitivity to specific substances or pre-existing relevant health condition such as asthma, COPD, dermatitis, etc. should receive this health surveillance.</p> <p>Note: The Safety Data Sheets and COSHH assessments should be used to identify any requirement for surveillance</p>	<p>STFC SHE Code 37</p>	<p>Causing occupational asthma</p>	<ul style="list-style-type: none"> • Latex • Isocyanates (e.g. some two-pack paints /adhesives) • Wood dusts • MDF • Rosin-based solder flux fume (colophony) • Ethylenediamine (e.g. cleaning agent for printed circuit boards) 	<p>Health questionnaire</p> <p>Skin monitoring</p> <p>Lung function test</p>	<p>Commencement</p> <p>Thereafter annually</p>
<p>HAZARDOUS SUBSTANCES</p> <p>Occupational Hygiene:</p> <p>Where environmental monitoring, e.g. air or swab samples indicates significant exposure</p>	<p>COSHH 2002</p> <p>Control of Lead at Work Regulations 2002</p>	<p>Causing recognised systemic toxicity</p>	<ul style="list-style-type: none"> • Lead (dust and fume) • Mercury • Arsenic 	<p>HSE appointed doctor for statutory lead medical surveillance</p> <p>Baseline medical examination and blood/urine sample (not later than 14</p>	<p>3, 6 or 12 months medical examination and blood/urine sample depending on level of exposure</p>

				days after first exposure)	
HAZARDOUS SUBSTANCES Carcinogenic, mutagenic, reprotoxic and teratogenic chemicals	COSHH 2002	Adverse health effects with long latency periods	Carcinogens, mutagens, and substances hazardous to reproductive health (CMRs)	In practice valid tests and techniques do not exist but a health record is required for individuals working with these agents	Health records detail the date work with the agent commences (and on terminates)
HAZARDOUS SUBSTANCES Exposure to animal aeroallergens	COSHH 2002	Causing sensitisation, in extreme cases occupational asthma	Animal secretions in saliva, blood, urine and on fur, dander and bedding (e.g. rodents and some insects)	Consult SHE Group Registration with OH	Initial health assessment Periodic questionnaires – frequency determined by OH
Hypoxic environments Occupational activities for everyone working in an environment of 12-15% oxygen levels.	Confined Spaces Regulations 1997 STFC SHE Code 11: Work	Hypoxia	Working in a sealed chamber where oxygen levels are lower than 21%	General health questionnaire Consultation with OH Physician when initially working in	Annual

<p>Working in an environment of 15-21% oxygen with any known pre-existing health conditions e.g. heart condition, which could affect their ability to work safely in an atmosphere with lower oxygen levels than normal air (21% oxygen).</p>	<p>in Confined Spaces</p>			<p>this type of environment</p> <p>Checks of the heart and lungs</p> <p>Urine sample to test for diabetes or other underlying condition</p>	
<p>Ionising radiation</p> <p>Requirement for classified radiation workers to be in a programme of medical surveillance.</p> <p>Line managers notify Radiation Protection Adviser who will inform the Occupational Health Department before anyone begins work as a classified radiation worker.</p>	<p>Ionising Radiation Regulations 2017</p> <p>Approved Code of Practice (ACOP) and Guidance (L121)</p> <p>STFC SHE Code 29: Management of ionising</p>	<p>Tissue effects and radiation induced cancers of blood, bone or tissues.</p>	<p>Classified radiation workers</p>	<p>Undertaken by an HSE appointed doctor for statutory ionising radiation health surveillance</p> <p>Depends on nature of the work with ionising radiation, the results of dosimetric testing, sickness absence records and individual's state of health</p>	<p>Prior to designation as a classified worker. Examination confirms fitness to become a classified radiation worker</p> <p>Periodic reviews at least annually or as required by dosimetric testing</p>

	radiation at work			General health questionnaire	On cessation of work as required
<p>Noise:</p> <ol style="list-style-type: none"> 1. Occupational activities which expose staff to upper action value, i.e. <u>exceeding 85 dB(A)</u> 2. Occupational activities which expose staff to lower action value, i.e. between <u>80-85 dB(A)</u> 3. Staff with previously diagnosed hearing loss, injury to the ear, sensitivity to noise or an underlying health condition such as tinnitus, Meniere's disease, etc 	<p>Control of Noise at Work Regulations 2005</p> <p>STFC SHE Code 18: Control of noise at work</p>	Noise induced hearing loss, tinnitus, hearing impairment	Working in machine workshops, computer data centres, etc	Baseline audiometry	<p>Exposed to Upper Action Level: Annually for the first two years and then at three-yearly intervals, although this may need to be more frequent if any problem with hearing is detected or where the risk of hearing damage is high.</p> <p>Exposed to lower action value: On commencement and on</p>

					<p>cessation of employment, although this may need to be more frequent if any problem with hearing is detected or where the risk of hearing damage is high.</p> <p>Those with pre-existing hearing damage or health condition: frequency will be determined after initial assessment by Occupational Health</p>
<p>Vibration: Occupational activities which expose staff to vibration</p>	<p>The Control of Vibration at Work</p>	<p>Vibration white finger, upper limb disorders, or</p>	<ul style="list-style-type: none"> • Staff using hand held vibrating tools. 	<p>General health questionnaire</p>	<p>Annual</p>

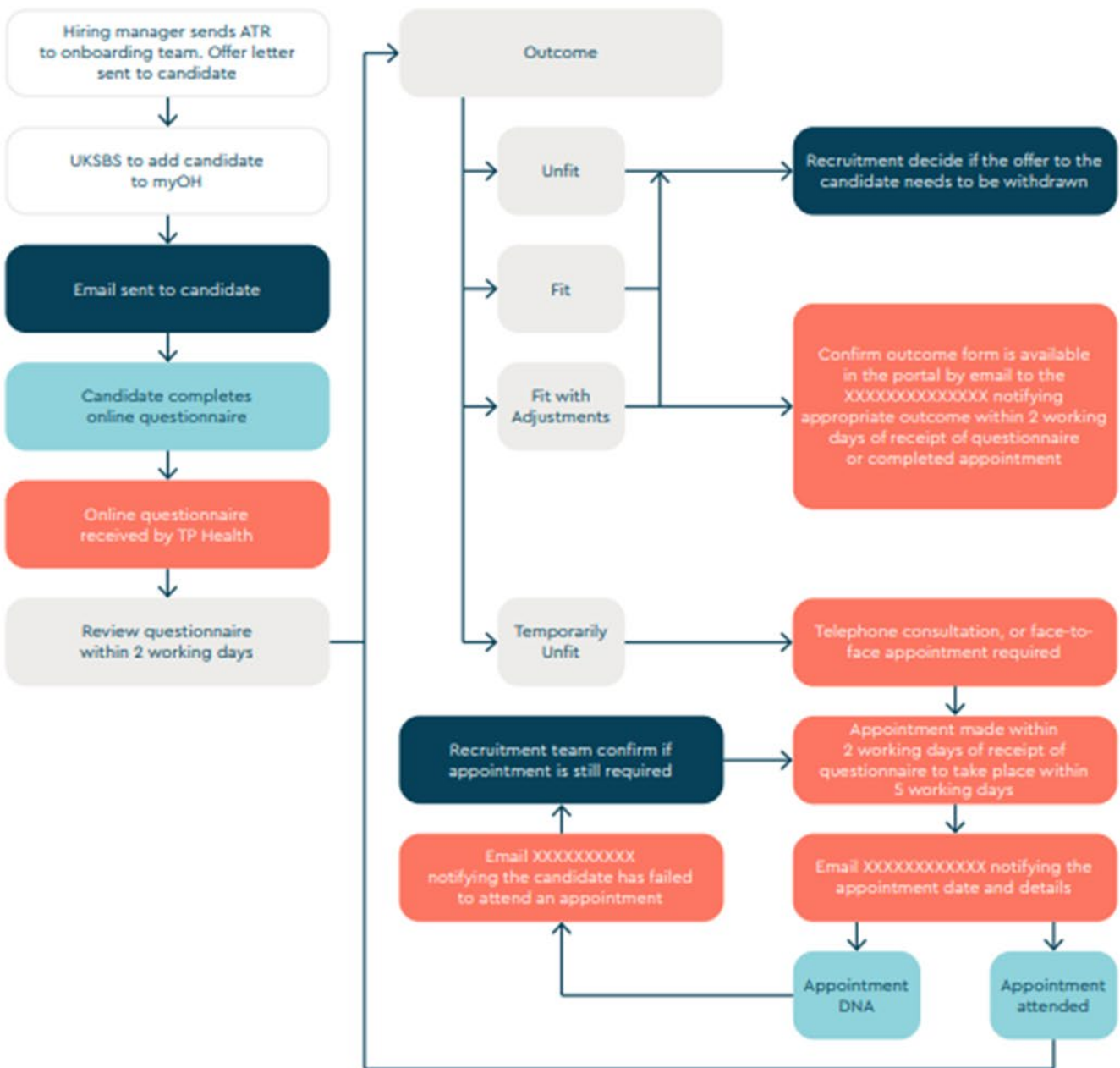
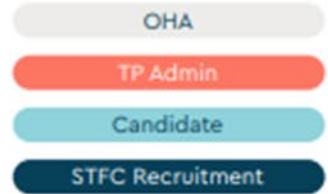
exceeding 2.5 m/s. For example, using hand held vibrating tools (grinders and jack hammers); chain saws or pneumatic drills	Regulations 2005 STFC SHE Code 4: Safety and the safe use of work equipment	Whole body vibration	<ul style="list-style-type: none"> Staff operating FLT or similar vehicle. 	Skin check	
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Further guidance can be found in [HSE website](#).

Appendix 2 Pre-Placement process in place for STFC



Pre-Placement Assessment STFC



Appendix 3 Training

No specific training requirements for this code except a working knowledge of this code.

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

Appendix 4 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/surveillance examinations as control measures?		
2 (Section 4.1.3)	Is health screening/surveillance being undertaken for each team as per the risk assessment?		
3 (Section 4.1.5)	Are staff aware of the occupational health hazards of the work they undertake?		
4 (Section 4.1.7)	Have incidents of occupational ill health been reported and investigated?		
5 (Section 4.3.2)	Is there a managed programme of occupational health screening/surveillance routinely recalling staff for assessment?		
6 (Section 4.3.3)	Are records of occupational screening and surveillance maintained for 50 years and held securely?		

Appendix 5 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 screening)	<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 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.