TOWARDS MORE EFFECTIVE HEALTH SURVEILLANCE IN HIGHER EDUCATION RESEARCH

Universities are responsible for the health and safety of all those affected by their work. The USHA guidance document ‘*Responsible Research Managing health and safety in research: guidance for the not-for-profit sector’* emphases the importance of safe systems of work and clear lines of responsibility within an organisation to ensure that research work is undertaken without risk to health.

This document takes this theme further to highlight the importance of health surveillance in this process. It outlines the elements of an effective health surveillance programme, the important ways that higher education research organisations differ from other large employers and the responsibilities involved in delivering any health surveillance programme in such a diverse environment.

The objective, of health surveillance is the detection of early, possibly reversible, health effects of the work, particularly so that further harm through workplace exposure may be prevented. Health surveillance is an essential part of the monitoring of the effectiveness of hazard exposure controls and hence the overall management of health and safety within any workplace. Health surveillance is not a means of control itself and the greatest emphasis must be placed on the effective control of hazards to reduce the risk to employees.

The benefits of health surveillance include

* Allowing on-going early detection of work-related adverse health effects
* Helping employers comply with their legal requirements for a safe workplace
* Enabling prompt advice and controls to prevent further health deterioration
* Reflecting the effectiveness of control measures
* Providing information in the detection of novel hazards and unforeseen risks.
* Regularly reminding employees of health risks and their duty to ensure good hazard control
* The maintenance of records for assessment by external bodies involved in health and safety as well as novel hazard exposure outcomes
* The documentation of good baseline control e.g. employee good health, wearing of PPE, use of ventilation controls
* Ensuring employees are fit to undertake work in first instance
* Employee retention through less health-related work loss
* Recording those already exposed through previous work experiences/ outside activities

Surveillance is only required when there is a reasonable possibility of exposure to a certain type of substance in the workplace. Health Surveillance should be conducted when:

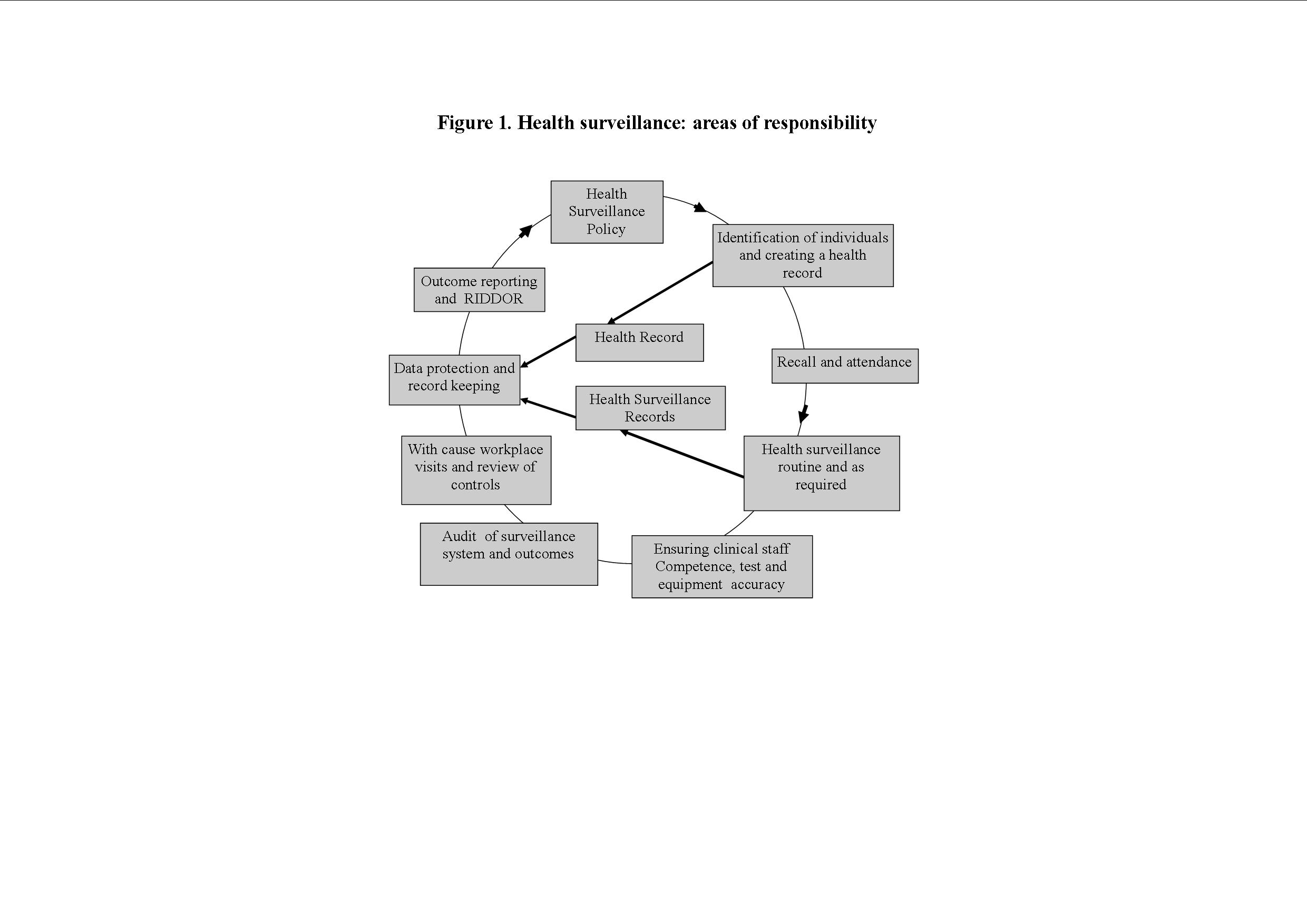
1. there is an identifiable disease or other identifiable adverse health outcome

AND

1. the disease or health effect is related to exposure to the hazard at use in work AND
2. there is a likelihood that the disease or health effect may occur thorough the work AND
3. there are valid techniques for detecting indications of early health effects.

Universities are unique from all other UK employers in respect to the complexity of their health surveillance requirements. They undertake novel research in many varied fields and consequently the range of hazards (see appendices) and the risks involved through how these hazards are used is second to none. Projects sometimes evolve as the work develops meaning that original codes of practice can become rapidly obsolete. Departments often expand or merge depending on funding, research teams change and have a more rapid turnover and often a younger population than those seen in industry. These researchers may be less informed and experienced regarding safe practice and the need to register for health surveillance. For all of these reasons good health surveillance is of paramount importance as an essential monitoring tool of the health and safety management system and control of substances hazardous to health.

Effective health surveillance is a continuous cycle (see fig 1.):



Identification of Individuals

In a large devolved organisation identification of all individuals requiring health surveillance is undoubtedly the most difficult aspect of the health surveillance process. The challenge to higher education institutions therefore is how to ensure that such individuals fulfil this requirement under COSHH. Consideration of the need to enter into health surveillance for certain work must be instigated by those devising or overseeing new work because, at this point of inception, only they have the knowledge of the proposed hazard involved and the risks generated by the work. This will usually be the Principal Investigator or their nominated safety officers. Specialist advice can then be sought by researchers in making the decision whether health surveillance is required. This may be through the organisation’s Safety or Occupational Health specialists. As soon as this assessment has been made, and it is considered that health surveillance may need to be required, the COSHH Regulations require creation of an exposure record (Health Record) by each individual undertaking the work as a pre requisite for the work. In order to ensure that all researchers are aware of this pre requisite (HEOPS recommends that) this requirement should preferably be stated in the code of practice for each new piece of research work undertaken.

Departments must keep an up to date record of who is attending health surveillance and ensure that this correlates with those exposed to a hazardous substance through their work. Therefore a confidential regular, if not continuous, feedback loop should exist between departments and occupational health services regarding this so that an individual is enrolled in surveillance promptly (occupational asthma is most likely to develop during the first 12 weeks of exposure) and also to avoid unnecessary chasing of individuals who have ceased working with hazardous substance.

Creating a Health (exposure) Record

For all those who work with substance hazardous to health a health record should be created (check memorandum of understanding)

Recall and Attendance

Higher education institutions must support occupational health services in delivering an effective health surveillance program. This mean ensuring that those enrolled in health surveillance comply with health surveillance recall and attendance requirements. Such attendance is required by COSHH regulation and regulation (?3) of the Health and safety at work act. This may include identifying appropriate sanctions for failure to comply with the requirements of the health surveillance programme for example exclusion from the workplace for consistent failure to attend appointments.

Occupational Health Services should ensure that programmes of attendance are not excessive or disruptive to work. Many health surveillance programmes require annual questionnaires only. Appropriate data management systems to enable accurate recall and attendance must be in place. Departments should be provided with regular data to enable them to check who is attending surveillance programmes regularly to ensure that all appropriate staff attend.