OCCUPATIONAL HEALTH SURVEILLANCE POLICY AND PROGRAMME

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OCCUPATIONAL HEALTH SURVEILLANCE POLICY AND PROGRAMME

Aim

Provision of a suitable health surveillance and audiometric screening programme to ensure protection of employee’s health during period of employment.

Objectives

1. Protect the health of individual employees by detecting as early as possible, adverse changes which may be caused by exposure to substances and agents hazardous to health.
2. Identify and implement specific surveillance requirements for employees requiring statutory health surveillance
3. Identify and implement specific biological monitoring for employees requiring statutory biological monitoring
4. Help evaluate the measures taken to control exposure
5. Collect, keep up to date and use data and information for determining and evaluating Hazards to health
6. Demonstrate compliance against both Regulatory and University standards
7. Demonstrate fitness to undertake specific tasks where specific health criteria need to be met

Longer term objectives of the surveillance programme:

1. Structured review of health surveillance data against hygiene monitoring results to assess/identify trends and any actions required ensuring no ill health consequences
2. Advice on the COSHH and other health risk assessment processes to enable identification of future health surveillance and/or specific biological monitoring on any new substance introduced into the University
3. Provide a database of information to enable trend analysis and identification of any Synergistic ill health effects.
Definitions

Employees
Individuals employed directly by the university, including honorary contracts, part-time and full time, contractors and temporary workers, visiting academics, post-graduate researchers. Excluding undergraduate students and members of the public.

Health Surveillance
A process involving a range of strategies and methods used to systematically detect and assess the early signs of adverse effects on the health of workers exposed to certain health hazards and to determine the fitness of the employee to carry out designated tasks.

Scope

Substances Hazardous to Health (COSHH)
Statutory health surveillance where a COSHH risk assessment indicates that health surveillance is requisite for ensuring the maintenance of adequate control of exposure of employees to substances hazardous to health and it is otherwise requisite for protecting the health of the employee who have significant exposure to:

- Respiratory sensitisers including significant exposure to
  - Small laboratory animals
  - Wood dust
  - Agricultural and horticultural grains and dusts
  - Natural rubber latex
  - Allergenic small molecules (isocyanates, formaldehyde, glutaraldehyde etc)
  - Allergenic organic molecules (penicillin, enzymes etc)
- Significant exposure to substances and chemical agents with serious long term effects at low levels of exposure or where there is significant risk from skin exposure
  - Chronic toxins (for example toxic heavy metals and organometals)
  - Potent steroids
  - Cytotoxic anti-cancer drugs
  - Toxic pesticides
- Significant exposure to carcinogens and mutagens
- Significant risk from biological agents
- Exposure to substances where Schedule 6 of COSHH Regulations specifically applies
Noise

Statutory health surveillance where required for the protection of the hearing of workers exposed to high levels of noise as required by the Noise at Work Regulations 2005.

Applicable to:
- all employees working in defined hearing protection zones or regularly exposed to an averaged exposure over 85 dBA
- those employees regularly exposed to between 80 and 85 dBA identified as being sensitive to noise induced hearing loss

Ionising radiation

Statutory health surveillance for employees designated as classified persons, that is those employees who are likely to receive an effective dose in excess of 6mSv per year or an equivalent dose which exceeds three-tenths of any relevant dose limit.

Appropriate health surveillance is carried out by an appointed doctor for the purpose of determining the fitness of each employee for the work with ionising radiation which he is to carry out.

Non-ionising radiation

Where a significant risk exists from the presence of non-ionising radiation

- Class 3R, 3B and 4 Lasers – specific laser vision screening by appointed optometrist undertaking visual acuity, fundoscopy and Amsler grid testing
- High power magnetic fields

Asbestos

Statutory health surveillance for workers exposed to asbestos at a level requiring surveillance under the Control of Asbestos at Work Regulations 2012

The University does not carry our licensed asbestos work. Where non-licensed work is identified which comes under the scope of the regulations health surveillance in accordance with the requirements of the regulations will be instituted.

Hand-arm vibration syndrome
Statutory health surveillance for employees exposed to levels of hand-arm vibration as indicated in the Control of Vibration at Work Regulations 2005
- Hand held vibrating tools (grinders, jack hammers)
- Chain saws
- Pneumatic drills

Ad-hoc exposure incidents

Where required occupational health will advise on the health surveillance requirements following accidental and ad-hoc exposure incidents occurring at work.

This will include the necessary clinical investigations and medical follow-up as deemed necessary.

Fitness for work

Where specific fitness standards are required to enable the work to be carried out safely without risk to the employee and/or others

Statutory and quasi-statutory health surveillance is required under various regulations for

Vehicle drivers

Surveillance will be carried out on all persons operating fork lift trucks and agricultural machinery
Statutory health surveillance will be carried out on persons requiring a Group 2 licence (PSV, LGV and HGV drivers) as required under the legislation.

Sea-going workers

ML5 certification is required for those working on vessels operating under the MCA Small Commercial Vessels or Large Yacht Codes of Practice in Area Categories 2, 3, 4, 5 or 6 (i.e. up to 60 miles from shore)
ENG1 certification may be required for those working in vessels going beyond these areas. This certification can only be provided by an appointed medical officer

Divers

Professional divers must be fit to the requirements of the Diving at Work Regulations 1997 (DWR) this examination must be carried out by an appointed medical officer
Occasional SCUBA divers must be fit to the standards of the UKSport Diving Medical Guidelines
**Night worker assessments**

Under the Working Time Regulations All employees who undertake at least 3 hours of night work on a regular basis including all shift workers must be offered a medical assessment of their fitness for night work.

**Confined space respirator workers**

Guidance under the Confined Space Regulations states workers in confined spaces must be of suitable build, not suffer from claustrophobia and if necessary have the physical capability to wear self-contained breathing apparatus.

**Biological monitoring/Biological effect monitoring**

Where there is significant exposure to chronic toxins and a method of validated biological monitoring is required to demonstrate no ill health effect

- Mercury
- Benzene
- Lead

**Application**

Schools will be requested to identify the presence of hazards for which health surveillance could be appropriate as part of their risk assessment procedure.

Where the need for health surveillance is demonstrated in a properly conducted risk assessment the University will put in place a documented programme of health surveillance.

Any significant change in work tasks and substances handled should be notified to occupational health.

**Responsibilities**
Head of school/Manager: as part of overall responsibility for ensuring a safe working environment ensures compliance against detailed Occupational Health Surveillance specified for the University.

School safety officer: is responsible for identifying hazards which could require health surveillance and for notifying these to occupational health.

Risk assessor (for example principle investigator, manager, laboratory manager) is responsible for indicating on the risk assessment where health surveillance is indicated.

Head of Safety Occupational Health details and communicates the campus policy for the University details and communicates health surveillance and audiometric screening requirements for the University and co-ordinates delivery of this programme against plan

Also responsible for advising managers and school safety officers on appropriate health surveillance within their areas.

School Managers/manager ensures delivery of surveillance programme and release of personnel for surveillance purposes against plan.

Employees participate in identified personal monitoring as instructed and to attend specified health surveillance against plan.

**Statutory Compliance Documentation**

- Control of Substances Hazardous to Health Regulations 2002 (Sixth Edition) ACOP & Guidance
- EH40 Workplace Exposure Limits Supplement (as annually updated)
- Control of Noise at Work Regulations 2005 (SI 1643)
- Ionising Radiation Regulations 1999
- Management of Health & Safety at Work Regulations 1992
- The Control of Vibration at Work Regulations 2005
- Control of Asbestos Regulations 2012

**Occupational Hygiene**

Occupational hygiene is a discipline dedicated to the identification and control of risks of exposure to harmful agents.

The aim is by the use of control measures to control exposure to as low a level as is reasonably practicable, and in any case to a level which is adequate to protect human health.
It is recognised that under certain circumstances a residual risk to health may remain and programmes of health surveillance are put in place to identify and manage these risks to health where they occur.

In order to demonstrate the level of control and residual risk from the exposure to physical, biological and chemical agents it will be sometimes necessary to carry out a programme of exposure monitoring which will further inform the need to for health surveillance.

The internal resources of the university are not at present in a position to meet this requirement and monitoring will be contracted out on an ad-hoc basis at the expense of the school/department involved.

Advice on the type and extent of monitoring required will be given by the safety/occupational health departments.

**Occupational Health Surveillance Programme**

The following health surveillance as detailed in Appendix 1 is currently carried out:

- **Workers with small laboratory animals**
  - Respiratory and upper respiratory sensitisation

- **Agricultural workers**
  - Respiratory sensitisation
  - HAVS
  - Agrochemicals
  - Noise
  - Skin examination

- **Laboratory Workers**
  - COSHH health surveillance as identified in risk assessments for
    - Exposure to chemicals
    - COSHH notifiable biological agents
    - Carcinogens and mutagens
    - Respiratory sensitisers
    - Biological agents
    - Human cells, tissues and cell lines

- **Lasers**

- **Maintenance workers**
  - Exposure to chemicals
  - Respiratory sensitisers
  - Skin examination

- **Vehicle drivers**
  - Fitness to drive
Night worker assessments (voluntary)
Seagoing workers and divers
Fitness to work including statutory fitness requirements
Marine Sciences and Technology
Audiometry for workers exposed to over 85 dBA

The university occupational health service is still progressing the mapping exercise to confirm health surveillance requirements for all relevant employees and it intends to issue an annual health surveillance programme detailing the screening framework and schedule by school and/or department.

In addition a Lifestyle fitness profile and other screening is offered to selected employees – such as proactive screening to motivate positive sustained health improvements of employees enabling informed selective health choices.

**Rationale**

There are a number of COSHH health surveillance procedures that can be used and the most suitable one chosen will depend on the health risk profile of the facility/school. The defined scope for Newcastle University is detailed in Table 1 below, which covers the following health categories:

(a) Medical Surveillance under the supervision of appointed doctor/OH Nurse Advisor. This will include surveillance for substances
   (i) substances used directly in work activities eg. Chemicals, carcinogenic agents, glues, paints, cleaning agents.
   (ii) substances generated during work activities e.g. fumes from soldering and welding
   (iii) naturally occurring substances eg. Grain dust, bacteria, pathogens, blood

Scope of this surveillance may include clinical examination and measurement of physiological e.g. lung function testing and physiological effects of exposure to hazardous substances in the workplace which may show changes or alterations in body function.

(b) Biological monitoring is the measurement and assessment of workplace agents and their metabolites (substances formed when the body converts the chemical) in exposed workers. Measurements are made either on samples of breath, urine and blood, or any combination of these. They may be appropriate where it is possible to link the results directly to an adverse health effect. A framework for the use of biological monitoring and setting of Biological monitoring guidance values is detailed below based on guidance within EH40.

(c) Biological effects monitoring is the measurement and assessment of early biological effects in exposed workers caused by absorption of chemicals
(d) Enquiries about symptoms, inspection and examination by appointed doctor and/or OH Nurse Advisor

(e) Review of records and occupational history during and after exposure; this should check the correctness of the assessment of risks to health and indicate whether the assessment should be reviewed

(f) Continuing health surveillance after exposure has ceased but the employee remains on site. This is applicable where an adverse health effect may be anticipated after a latent period or where it is believed that the effect can be readily detected at a sufficiently early stage, e.g. urine cytology testing for substances, which cause cancer of the urinary tract.

**When Health surveillance is appropriate**

In assessing the appropriateness of health surveillance on the likelihood that an identifiable disease or adverse health effect will result from or may be related to exposure the following factors are considered:

- (a) Type and extent of exposure
- (b) Assessment of current scientific knowledge such as
  - (i) Available epidemiology (study of human illness in populations)
  - (ii) Information on human exposure
  - (iii) Human and animal toxicological data and
  - (iv) Extrapolation from information about similar substances or situations

Identified health surveillance techniques need to be sufficiently sensitive and specific to detect abnormalities related to the type and level of exposure concerned. The defined surveillance programme is aimed at ease of execution with preferably a non-invasive approach which is acceptable and fully understood by employees.

**Health records**

Suitable Health surveillance will always include the keeping of a health record for each individual employee. Employers must keep an up to date health record for each individual employee placed under health surveillance. This record should contain at least the following, which are approved by HSE:

A. Identifying details -
   - (i) Surname
   - (ii) Forenames
(iii) Gender
(iv) Date of birth
(v) Permanent address and postcode
(vi) National insurance number
(vii) Date when present employment started and
(viii) Historical record of jobs in this employment involving exposure to identified
substances requiring health surveillance

B. Results of all other health procedures and the date on which and by who they were carried
out. The conclusions should relate only to employee fitness for work and will include where
appropriate:
   (i) A record of the decisions of the appointed doctor or OH Advisor
   (ii) Conclusions of the appointed doctor or OH Advisor

Health record should not include confidential clinical data and should preferably be stored
separately form the person medical record file. Employers must keep records for 40 years and
may be kept in any format e.g. on paper or electronically. Where records are kept electronically
back up files must be retained confidentially.

**Detection of Adverse Health effects or identifiable disease.**

When an employee is found to have an adverse health effect or identifiable disease which the
appointed doctor/OH nurse Advisor considers to be the result of exposure to a substance
hazardous to health, the employee will be interviewed, told and advised on:

   (i) Arrangements which will be put in place for continuing health
       Surveillance
   (ii) Arrangements if any to transfer the employee to alternative employment
       within the workplace
   (iii) Action to be taken to re assess the workplace control and where necessary
       review and revise the control measures in place to prevent re-occurrence of
       ill health effects or disease.
   (iv) To see their own General Practitioner to report ill health condition so that
       the doctor is aware of the work the employee does and the adverse effect,
       which have resulted form exposure to the substance(s), concerned. The
       appointed university doctor will forward a letter to the general practitioner
       detailing health effects and any forward referral actions required.

The above criteria also apply to biological monitoring review of results will be discussed and
actions implemented to prevent any ill health effects/disease.
**Review of surveillance requirements**

Health surveillance procedures are reviewed, modified or discontinued as appropriate depending on work conditions and exposures concerned.

**Trend analysis reporting**

Individuals as stated will be notified of any adverse health effects or identifiable disease. In addition a quarterly Occupational Health report will be delivered to Safety and Staff Committees respectively confirming health surveillance outputs with graphical trend analysis together with any incidences of work related ill health/diseases occurring confirming actions required to prevent any reoccurrence. **Quarterly KPI key** health trend reports will also be issued to site to ensure informed understand of health trends occurring and compliance against plan.

**Substance Specific Biological Monitoring Programme**

In accordance with the COSHH (Control Of Substances Hazardous To Health) Regulations, the University has a statutory obligation to undertake specific personal monitoring on occasion and where appropriate provide non statutory specific biological monitoring for employees who may be exposed to specific listed substances within EH40 Occupational Exposure Standards to which a Biological Guidance value is defined.
## Appendix 1
### Health Surveillance/Screening Framework

<table>
<thead>
<tr>
<th>Surveillance Type</th>
<th>Description</th>
<th>Scope</th>
<th>Frequency</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COSHH</strong></td>
<td>COSHH health record – questionnaire on adverse effects of exposure to chemicals. In addition where indicated -: Skin examination.</td>
<td>All persons with potential for exposure to chemicals where there is a risk of adverse effects as identified on risk assessment  - Significant exposure to substances and chemical agents with serious long term effects at low levels of exposure or where there is significant risk from skin exposure  - Exposure to substances where Schedule 6 of COSHH specifically applies</td>
<td>Annual unless otherwise specified.</td>
<td>Minimum requirement: - All persons must attend to complete the COSHH health record by law.  Strongly recommended – Tests specified by Occupational Physician as deemed necessary to monitor for adverse health effects.  In cases of COSHH Schedule 6 substances &amp; processes and EH40 Biological Monitoring 2002, these tests are mandatory.  Records must be retained 40 years.</td>
</tr>
<tr>
<td><strong>CAR COSHH TERT CARCIN MUT REPOTOX</strong></td>
<td>Health surveillance has its limitations in identifying people at risk and in detecting signs of cancer early enough to treat and/or aid full recovery. For this reason scope of surveillance is largely restricted to keeping a COSHH health record expect for Schedule 6 listed substances and/or substances with a risk phrase known to cause cancer, or suspected to cause cancer including arsenic, coal tar, coal soot, non solvent refined mineral oils, contaminated mineral oils and hard wood dusts</td>
<td>All persons exposed to H350 (may cause cancer) where the exposure is significant, Vinyl Chloride Monomer - COSHH health record, full medical &amp; occupational history, clinical assessment of abdomen, skin &amp; any further clinical tests including x-ray /laboratory tests which may be indicated – check with Vincent  Skin cancers – regular skin inspection occupational history/ COSHH record</td>
<td>Annual unless otherwise specified.</td>
<td>Compulsory.  All persons must attend to complete the COSHH health record by law.  Strongly recommended – Tests specified by Occupational Physician as deemed necessary to monitor for adverse health effects.  In cases of COSHH Schedule 6 substances &amp; processes and EH40 Biological Monitoring 2002, these tests are mandatory.  Records must be retained 40 years.</td>
</tr>
<tr>
<td><strong>BIOCOSHH</strong></td>
<td>Biological agents include micro-organisms, of bacteria, fungi, viruses; agents causing</td>
<td>All employees with potential exposure to notifiable Biological</td>
<td>Annual unless otherwise specified.</td>
<td>All persons working with HG 3 biological agents or Class 3</td>
</tr>
</tbody>
</table>
## Biological Agents

Biological agents are classified into 4 groups:

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>unlikely to cause human disease</td>
</tr>
<tr>
<td>Group 2</td>
<td>can cause human disease/hazard to employees</td>
</tr>
<tr>
<td>Group 3</td>
<td>can cause severe disease and hazard to employee, community spread potential but no prophylaxis control</td>
</tr>
<tr>
<td>Group 4</td>
<td>can cause severe disease and hazard to employee, community spread potential but no prophylaxis control</td>
</tr>
</tbody>
</table>

Agents:
- HG3 agents and Bordetella pertussis, Corynebacterium diphtheriae and Neisseria meningitidis

A BIO COSHH health record will be retained detailing type of work, specifying biological agent (if known) to which exposed and record of any exposures, accidents/incidents, animal rooms and research processes and with the potential for exposure to Legionella.

## COSHH ASTH

All persons exposed to or liable to be exposed to substances which cause occupational asthma including substances listed in Section C HSE Asthmagens; substances with a Hazard Statement H334 and any other substance which from risk assessment has shown potential to cause occupational asthma. Agents include isocyanates, wood dust, flour dust, glues latex, glutaraldehyde, laboratory animals, solder/colophony (rosin), dry dusts form grains/farm feedstuff, poultry feathers/droppings, spores of microorganisms from farm produce (hay, straw, grain).

All persons with potential significant exposure to asthmagenic agents as identified on risk assessment.

Annual unless otherwise specified.

All persons working with asthmagenic agents must complete a COSHH health record, a respiratory effect screening questionnaire and undergo lung function testing.

## COSHH LAA

Screening for workers with laboratory animals posing a risk of respiratory sensitisation.

All persons who work with laboratory animals including birds and insects or who carry out work within the CBC.

Annually.

Health screen by questionnaire. Lung function test where indicated.

Compulsory.

## COSHH AGRIC

Screening for specific health risks for agricultural workers including exposure to grain dust, pesticides and the possibility of infection from farm animals.

All farm workers.

Three yearly.

Health screen by questionnaire. Lung function test where indicated.

Voluntary.

## IONIS RAD

Ionising radiation occurs as either electromagnetic rays (such as X-rays and gamma rays) or particles (such as alpha and beta particles). Ionising radiation is used in medicine (for diagnosis and treatment), in research and teaching.

Note: –

1. Dose limits of 20mSv effective dose per year (whole body); 150mSv of the eye; 500mSv to the skin averaged over any 1cm².

In compliance with ionising Radiation Regs 1999 Schedule 7.

All persons with potential for exposure to ionising radiation will undergo IONRADSUR health questionnaire. Specific dose limits for females of the abdomen must not exceed 13mSv in 3 consecutive months.

For employees designated as classified persons, that is those:

Annually unless otherwise specified.

Compulsory.
<p>| | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Newcastle University Occupational Health Services</strong></td>
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<tr>
<td><strong>and 500mSV for hands, forearms and ankles (sch41RR99)</strong></td>
<td>employees who are likely to receive an effective dose in excess of 6mSv per year or an equivalent dose which exceeds three-tenths of any relevant dose limit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ii) Currently there are no classified worker in the University</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NONIORAD</strong></td>
<td>Non-ionising radiation (NIR) includes optical radiation (ultraviolet (UV), visible and infrared) and electromagnetic fields (EMFs) (power frequencies, microwaves and radiofrequencies. Common source of optical radiation in University setting are lasers</td>
<td>Non Ionising radiation - specific Laser Vision screening by appointed Optometrist undertaking visual acuity, fundoscopy and Amsler Grid testing</td>
<td>Compulsory</td>
</tr>
<tr>
<td><strong>Audiometry testing (hearing test) to detect hearing damage caused by exposure to noise.</strong></td>
<td>All employees with potential for exposure to above 85 decibels on a regular basis. Employees exposed to over 80 dBA on a regular basis who have a high sensitivity to noise induced hearing loss. All persons with potential for exposure to above 80 decibels on a continuous basis.</td>
<td>Annually</td>
<td>Compulsory</td>
</tr>
<tr>
<td><strong>DVM</strong></td>
<td>Forklift truck and vehicle drivers. Includes medical history questionnaire and eyesight screen.</td>
<td>All fork lift truck and agricultural machinery drivers. Statutory surveillance for Group 2 licence holders (HGV, LGV and PSV vehicles as required)All fork lift truck and heavy goods vehicle drivers.</td>
<td>Five yearly up to age 50 and two yearly thereafter.</td>
</tr>
<tr>
<td><strong>NWA</strong></td>
<td>Night Worker Assessment – health questionnaire to determine fitness for assigned night work.</td>
<td>All persons who undertake at least 3 hours of night work on a regular basis including all shift workers.</td>
<td>Annual unless otherwise specified.</td>
</tr>
<tr>
<td><strong>NRL</strong></td>
<td>Allergic reactions to natural rubber Latex particularly in healthcare settings can occur either through direct contact with the skin or by inhalation of powder from powdered latex gloves.</td>
<td>Ensure all persons (or prospective staff) who through their work need to wear latex gloves are assess for NRL sensitivity. Includes completion of screening questionnaire and/or latex sensitivity testing</td>
<td>Baseline on employment and Annually</td>
</tr>
<tr>
<td>DIVING/SEAFARER MEDICAL</td>
<td>In compliance with Diving at Work Regulations persons undertaking open water and on shore SCUBA diving as part of their research work are required to be fit for purpose Seafarer medical for ML5 certification</td>
<td>All person undertaking diving as part of their employment must undergo routine surveillance confirming physical fitness in line with the Diving at Work Regulations or the UK Sport Diving Medical Guidelines All persons with safety critical duties on seagoing vessels not going more than 60 miles from shore require ML5 certification those on vessels going further than 60 miles from shore will require ENG 1 certification which must be carried out by an external appointed medical officer. All person undertaking diving as part of their employment must undergo routine surveillance confirming physical fitness Insert data</td>
<td>Annual unless otherwise specified. 5 yearly</td>
</tr>
<tr>
<td>ASBESTOS</td>
<td>The Control of Asbestos Regulations 2012 (CAR) there is an explicit duty to assess the risk of the likelihood of anyone being exposed to fibres from these materials during non-licensed asbestos work. Includes health questionnaire &amp; respiratory history questionnaire</td>
<td>All employees who undertake asbestos removal and those exposed to levels of asbestos above the action limit May be applied on a non-statutory basis to those exposed significantly to asbestos in the past and considered to be at risk from the development of asbestos related lung diseases</td>
<td>Annually</td>
</tr>
<tr>
<td>CONFINED SPACE RESPIRATOR USER</td>
<td>In compliance with Confined space Regulations employee undertaking confined space entry and wearing BA equipment. Includes medical history, cardiograph, full lung function, eyesight screening, hearing test, and physical examination.</td>
<td>All persons who may need to wear self contained breathing apparatus when undertaking their job</td>
<td>Annually</td>
</tr>
<tr>
<td>AD-HOC EXPOSURE INCIDENTS</td>
<td>Under the COSHH Regulations it may become necessary to carry out other specific health surveillance in line with specified annual EH40 Biological Monitoring guidelines. If this becomes necessary the nature and scope will be notified.</td>
<td>-</td>
<td>As required</td>
</tr>
</tbody>
</table>