

HEOPS STUDY DAY
Glasgow University 27th November 2012
Meeting Notes

Topic 1 Health Surveillance Alan Swann

Discussion on the types of health surveillance that might be appropriate in higher education. Groups discussed the categories of workers requiring surveillance and the types of work which would be involved.

It was agreed that in certain jobs there could be a blurring of the line between surveillance carried out to demonstrate fitness to undertake work and surveillance carried out to identify occupational disease.

Several types of health surveillance were identified but there were wide variations in what was being done. Health surveillance could be divided into surveillance not specific to the education sector (such as noise, HAVS, skin, asbestos in estates workers) and surveillance specific to research (such as laboratory animals, lab carcinogens and toxic chemicals).

There was agreement that health surveillance should be carried out where the level of exposure justified it. Where possible this should be demonstrated by hygiene monitoring or reliable assessment of exposure – for example audiometry is only indicated where noise measurements indicate that exposure is excessive and HAVS monitoring where a formal assessment of the exposure to vibration shows that it is necessary.

The types of workers covered were discussed. Undergraduates are dealt with in a later topic, but it was agreed that contractors are not employees and health surveillance would not normally be provided for them unless there was a specific contract with the contract organization. Because of the specialized nature of some of the health surveillance this is probably the best way to provide it in many cases, however the contract has to be clear in stipulated how information is provided to the employer and how records are kept.

There was a concern that the HSE was starting to drive the agenda and requiring health surveillance where it added little value – for example on insisting on skin examinations for wet workers and cleaners.

Topic 2 Research Laboratories Jo Pickering

A specific discussion on the criteria for health surveillance for chemicals handled in research laboratories.

Many materials handled in research do not have a WEL and it can be difficult to decide when exposure is 'adequately' controlled. It is important to have objective criteria to guide when health surveillance may be required. It is important that decisions are risk based and not imposed for certain substances on a blanket basis.

Risk assessment should remain the responsibility of the responsible manager, but it was felt that they often only had a limited understanding of the reasons for and indications for carrying out health surveillance. OH should therefore have an input into any decision to carry out health surveillance.

Objective guidance on areas such as carcinogens and respiratory sensitisers which would indicate when health surveillance could be appropriate would be very helpful in this situation.

Topic 3 Undergraduate students Nigel Wilson

It was accepted that the provisions of Section 11 of COSHH do not apply to undergraduates as they are not employees. However we still have a duty of care and a moral obligation to do what is right. As there is no legal obligation a Health Record will not necessarily be appropriate.

Health surveillance for students poses many problems because of poor attendance and difficulty in follow up. It is often held that it must be unnecessary as students were not exposed to harmful agents.

However it is possible to identify some situations where health surveillance is appropriate (for example students working on projects involving small laboratory animals). In addition they may be at increased risk because of inexperience and limited supervision.

Identifying student exposure is difficult because of changes in curriculum and the prevalence of short term placements and fieldwork.

Topic 4 Responsibilities Anne-Marie O'Donnell

A discussion on how the responsibility to ensure health surveillance is distributed and how the process as a whole operates.

Universities pose some very specific problems in the organization of health surveillance. They have a wide range of hazards with multiple teams working from the same premises and it is often lack of clarity as to who has responsibility. There has been useful recent guidance from UCEA on responsible research, click on embedded document for further details.



responsibleresearch[1].pdf

Certain specific areas for discussion were identified.

- Developing a policy for when health surveillance is required
- Identifying the individuals requiring health surveillance
- Creating a health record. There was some feeling that this would be better described as an 'Exposure Record'
- Organizing recall and attendance
- Carrying out health surveillance
- Maintaining health surveillance records
- Auditing the effectiveness of the system and the outcomes

- Keeping and protecting data. It is important to define who is responsible for health records and where they are kept. OH departments do not have full information on exposure so it is difficult for them to keep records where there is complex exposure. However departments may not have the facilities to maintain and archive records over a long period in compliance with data protection requirements.

A general discussion followed. It was agreed that HEOPS guidance on health surveillance within the higher education sector would be of value.

There would be a general health surveillance document describing the health surveillance appropriate, the responsibilities, the procedure for determining a health surveillance policy, the mechanisms for carrying out health surveillance and keeping health records and the auditing of compliance.

In addition specific technical guidance on specific areas could be developed. These might include health surveillance in research laboratories, health surveillance for nanoparticulates and health surveillance for researchers with laboratory animals.

Action

A small working group was agreed to work on the general document with the intention of presenting a final draft of documents at the HEOPS Spring meeting on 12th April 2013

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Janice Craggs
Nigel Wilson
Dennis Todd
Alan Swann
Jan Duke

Anne-Marie O'Donnell will draw up an initial skeleton document to cover the scope and content of the general policy. This will be agreed by the working group who will then work to finalize the document. Anne-Marie O'Donnell has also agreed to write the section on responsibilities.

This document to be available for discussion next HEOPS meeting April 12th 2013 at Huddersfield University.

FCP is happy to work on the technical guidance on carcinogen risk assessment where the input of a hygienist/toxicologist through USHA could be of benefit. AS as representative on USHA will co-ordinate this.