



Health Surveillance Guidance

HEOPS
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The Health Surveillance Document should...

- Give concise easy to follow guidance
- Not duplicate or repeat HSE guidance
- Be pragmatic and practical
- Concentrate on the specific problems of teaching and research in higher education

Particular Problems of Higher Education

- Universities and other institutions of higher education carry out research in a wide variety of fields and activities.
 - chemistry and chemical engineering
 - Agriculture
 - Biosciences
 - physical sciences
 - medicine
- Many of these activities are short lived and continually changing which leads to real practical problems in carrying out and maintaining risk assessments
 - Research is by its nature at the cutting edge of what is known and understood. Exposure may occur both to novel hazardous materials and agents and occur in novel situations where it is difficult to easily estimate exposure. is not always clear.

Particular Problems of Higher Education

- Research may involve materials which are known to represent a high risk
 - Often however the hazard and risk may be entirely unknown or can only be estimated.
- The workforce is not stable.
 - Research may be carried out by a changing group of post-graduate researchers and the management structure and responsibilities of academics is not always clear.

Core document covers

- Health surveillance requirements
- How to maintain a health record
- Management of outcomes
- Audit of health surveillance
- Responsibilities for health surveillance
- The health surveillance process
- Health surveillance techniques
- Competency to undertake health surveillance

Issues for discussion

- Determining thresholds for health surveillance under COSHH
- What should we call the 'Health Record'
- Who should maintain the health record
- Standardised format for health record
- Non-statutory health surveillance

Determining thresholds for health surveillance under COSHH

- My intention is that we give some simple guidance on this in the core document then try to provide more detailed advice on carcinogens/ sensitizers etc as appendices

What should we call the 'Health Record'

- COSHH calls it a 'Health Record' – will we confuse things if we call it something else?
- Should we have a thing called an 'Individual Exposure Record' or some such thing that could be used for COSHH and for non-statutory health surveillance

Who should maintain the health record ?

- OH
 - Are used to holding personal records
 - Have systems for protection of sensitive data under data protection

Safety Office

It is an exposure rather than a health record

May be reluctant to hold sensitive personal data (addresses, NI numbers etc)

Departments

Have the best knowledge of who is working with what and when

May not be highly motivated to keep data accurately

May undergo disruptive changes and reorganisation where data gets lost

May be reluctant to hold sensitive data

Standardised format for health record

- Allows data to be pooled and travel with what is often a mobile workforce
- But systems may vary for organisation to organisation
- Some people may want to keep paper records others may want to keep electronic records

Non-statutory health surveillance

- Health surveillance under COSHH is limited to situations where there is a known hazard because it was based on legislation dealing with determining if a person was fit to work with hazardous materials
- However in research we are often dealing with situations where we suspect a hazard but do not know
 - Carbon nanotubules
 - Chemicals with strong structural alerts (alkylating agents, mustards etc)
 - Chemicals strongly positive in short term studies (Ames, ML etc)
- Only good health records will enable the epidemiological evidence to identify real hazards
- Should we be giving advice on non-statutory data collection for these materials in line with the nanoparticulates guidance for example.