

Responsibilities, Audit and Survey

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Exposure Records- the case for a database

If a common database were established:

- Departments could feed health records into it linked to risk assessments
- OH and safety could read assessments and pick up new health records requiring health surveillance in real time
- OH could update HS outcomes
- Departments could monitor this in real time and also document what their response

Audit

- ‘The ability of health surveillance programmes to prevent disease is inherently dependent upon accurate risk assessments that are a reflection of current working conditions and take full account of available hygiene data.’

Audit continued

- Implementation of statutory occupational respiratory health surveillance E. Murphy, J. Harrison and J. Beach
- Review of occupational health records, occupational hygiene reports and managers' risk assessments, to compare the implementation of health surveillance in different organizations

- Compared to industry (13%) most (73%) weren't registered
- Health surveillance wasn't linked to risk assessment
- Health surveillance programmes should focus on disease prevention without becoming a repetitious application of unvalidated tools

Lack of outcome standards

- Comparison to industry misleading e.g. New cases of LAA commoner with newer employees
- National data collection on agreed core fields:
- LAA case management and sensitisation rates/
Health Record completion/ Noise / skin

Responsibilities

See table

Please complete the
survey thank you

Title	Health Surveillance (HS) Responsibilities
Vice Chancellor/ Dean	Overall responsibility for: <ul style="list-style-type: none"> • Health and safety management system • Policy
Heads of Department / Director of Institute (+ Departmental safety officer)	Ensure local arrangements in place for: <ul style="list-style-type: none"> • Assessing risks • Identifying work requiring HS • Informing OH of work requiring HS • Ensure compliance with Exposure Record requirements • Sanctions for non-attendance • Responding to HS outcomes
Research programme leader/Risk Assessor/ Principal Investigator/ manager of work	Ensuring arrangements for: <ul style="list-style-type: none"> • Risk assessment & consider need for HS, where health risks from exposure cannot be reliably prevented through use of safety controls + state in code of practice • Registration + attendance at HS, support sanctions for non-attendance • Ensure exposure record is completed by all employees exposed
Employees, Researchers, PhD, undergrad Students	<ul style="list-style-type: none"> • Attend training • Follow the safe system of work • Attend HS specified as a control measure for their work • Complete exposure record • Report symptoms/ exposure incidents
Safety Officers	<ul style="list-style-type: none"> • Assist in monitoring compliance with HS programmes. • Reviewing risk assessments & use of controls in the light of HS findings • Assist in identifying work requiring HS • Advising on exposure controls
Occupational Health	<ul style="list-style-type: none"> • Advise on Policy development • Advise on need for + provide appropriate <i>generic & project-specific</i> HS programmes • Provide periodic recall of those enrolled in active HS • Report individual outcomes of HS to the health record holder • Reporting defaults to PIs / risk assessor • Reporting outcomes and trends • Reports RIDOOR/ GP

HEOPS HEALTH SURVEILLANCE SURVEY

Friday 12th April 2013

1. Does your organisation undertake work requiring health surveillance?	
2. Who creates Health Records in your organisation?	
3. Where are Health Records stored in your organisation?	
4. Who should store Health Records in your organisation?	
5. Do you use a pro forma Health Record throughout your organisation?	
6. What form do health records take? E.g. Electronic` Paper Other	
7. Do you feel that your organisation's system is effective in ensuring health records are kept and stored?	
8. If HEOPS outlined a standard system for the collection, documentation and storage of Health Records is your organisation likely to adopt it?	
9. Are missed health surveillance appointments a problem for your OHS service?	

10. How many appointments can individuals miss before action is taken?	
11. What sanctions exist for missed OH health surveillance appointments?	
12. Who do you feed back the results of health surveillance to? E.g. departmental head, PI, Safety officer?	
13. Who responds to you if a problem is identified through Health Surveillance?	
14. Do you undertake any health surveillance audit? If yes please state what?	
15. Name of organisation	
16. Would you be happy to be contacted for further discussion about your Health Record system?	
17. Please comment on the attached list of responsibilities if it differs from that of your organisation.	

THANK YOU