

HEALTH SURVEILLANCE QUESTIONNAIRE

Occupational Health - Health Surveillance Information Sheet

What is Health Surveillance?

Health surveillance involves the periodic monitoring of employees following a risk assessment which identifies that their work related activities expose them to hazards that are known to or may contribute to work related ill health. The risk assessment is completed by the Council's Health and Safety Adviser in consultation with the relevant service manager and with advice from the Occupational Health service.

The process can include:

- Information leaflets giving guidance and promoting good practice
- Self-examination - e.g. skin monitoring: looking for signs of skin damage after using certain chemicals
- Self-reporting periodical health questionnaires - e.g. asking employees to complete respiratory questionnaires to assess if they are developing any breathing problems from substances they are working with.
- Specific health care measurements - e.g. hearing and respiratory assessments.
- More comprehensive detailed examinations by an Occupational Health Advisor or Physician

Why carry out Health Surveillance?

- Safeguards the health of employees and helps you make sure your employers are adopting safe working practices and complying with legal requirements.
- Facilitates the detection of adverse health effects at an early stage.
- Useful tool to ensuring appropriate control measures are in the workplace
- Provides information useful in the detection of hazards and assessment of risks

When is Health Surveillance required?

Some forms of health surveillance are undertaken as good practice - e.g. health questionnaire screening to determine fitness to work in a particular job.

Other forms of health surveillance are required by law (e.g. Control of Substances Hazardous to Health regulations (COSHH) 2002).

Examples of when Health Surveillance is required

- Working with substances known to cause **dermatitis** and occupational **asthma**
- A wide variety of solvents, chemicals, fumes, dust and biological agents hazardous to health.
- Working in a noisy environment
- Working with vibrating tools or equipment
- Working with asbestos and lead
- Working in compressed air.
- Working with large doses of ionising radiations in 'Controlled Areas'
- Driving operations.
- Working at Heights
- Working in confined spaces
- Nightshift work

Common examples of Health Surveillance

Skin assessments
Hearing assessments
Driver's health assessments
Immunisation programmes. (e.g. Hepatitis B)

Respiratory assessments
Hand arm vibration assessments
Vision screening
Blood & Urine tests

HEALTH SURVEILLANCE QUESTIONNAIRE

Name

DOB

Address

Department

Job Title

Date started with the Council (approx.):

Please circle your answers to the yes/no questions and provide details as appropriate

1. Hand Arm Vibration

Have you ever used/still use vibrating tools or equipment in your current job?

Yes No

If **no**, go to section 2

If **yes**, do you experience whiteness, tingling or numbness of the fingers

Yes No

If **yes**, please give more details below

2. Lung Function

Does your current job expose you to dust, chemicals etc?

Yes No

Have you ever suffered from any of the following: wheeziness/shortness of breath/persistent cough?

Yes No

If **yes**, please give details of duration, approximate date, any treatment received and any current medication.

3. Hearing

Does your current job expose you to excessive noise?

Yes No

Are you provided with hearing protection in your current job?
Do you always use the hearing protection when appropriate?

Yes No
Yes No

In the past 12 months have you or anyone else noticed your hearing getting worse?

Yes No

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Have you have any recent problems with your ears? **Yes No**

Do you have any noisy hobbies? **Yes No**

Do you experience any dizziness or ringing in the ears? **Yes No**

If you have answered **yes** to any of the above please give details below. **Yes No**

4. Skin

Do you suffer any of the following:

Skin redness of fingers or hands? **Yes No**

Cracking skin? **Yes No**

Skin rash/blisters/flaking/scaly skin? **Yes No**

Itchy fingers/hands? **Yes No**

If answered **yes** to any of the above, please give more details below.

Employee Signature:

Date:

Line Manager Counter Signature:

Date:

Date Questionnaire received:

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Appointment needed? **Yes No**

Length of appointment
20/40/60 minutes

Checked by:

Signed:

Date: