THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
OCCUPATIONAL HEALTH, SAFETY AND THE ENVIRONMENT UNIT

The Occupational Health Surveillance Policy

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1.0 PURPOSE

The purpose of the Occupational Health Surveillance programme is to monitor, prevent or diagnose any health effects linked with exposure to chemical, biological, physical agents and work activities whilst ensuring that accurate health records are maintained for employees who may be at risk.

2.0 SCOPE

This procedure applies to all UWI St. Augustine Campus employees regardless of location where work activities will expose them to chemical, biological, physical agents and work activities.

3.0 REFERENCES

- The Occupational Safety and Health Act, 2004 (as amended)
- HSG61 Health Surveillance at work (HSE Guidance Book)

4.0 DEFINITIONS

Term	Definition
Health Surveillance	A process involving a range of techniques used to detect early signs of work-related ill health among workers exposed to certain health risks; and subsequently acting on results.
Medical Surveillance	Health surveillance requiring the specific skills and expertise of a Doctor, which may include clinical examination.
Baseline Health Assessments	Involve a range of techniques used at the pre assignment stage to determine a worker's health status in relationship to the hazards they are likely to be exposed to at work.
Fitness for Work Assessments	Are specific checks to assess whether an individual is fit to undertake the work they will be doing without unacceptable risk to themselves or others?
Health Monitoring	A generic term covering the full range of techniques – statutory and non-statutory – to monitor the health of individuals during their employment.
Signs and Symptoms of Disease	Signs are objective evidence of ill health (i.e. what a doctor might find on examination). Symptoms are subjective indicators of ill health (i.e. what sufferer experiences, for example a cough or shortness of breath).
Health Records	Are historical records. They provide information about an individual's job,

Term	Definition
	involving exposure to substances or processes requiring health surveillance. They may be kept securely with other personnel records.
Clinical Medical Records	Include confidential medical information on an individual held by a health professional.
Occupational Disease	Means a disease listed in Schedule 1 of The OSH Act, 2004 (as amended)

5.0 RESPONSIBILITIES

The responsibility for this policy is jointly managed between:

- The Human Resources Division
- The Occupational Health, Safety and the Environment (OHSE) Unit
- The Line Manager
- The Health Services Unit
- The Occupational Health Provider

5.1 The Human Resources Division

The role of the Human Resources Division will be to:

- Work with the Occupational Health, Safety and the Environment Unit and the Occupational Health Provider to:
    - Conduct Health Risk Assessments for ALL job classifications;
    - Conduct Baseline Health Assessments;
    - Conduct Routine Medical Evaluations as prescribed for each job classification.
- Oversee the Occupational Health Surveillance programme and maintain confidentiality of personal health records.
- Organise agreed Occupational Health Surveillance medicals / screening booking in a timely manner prior to deployment. This applies to pre employment medicals.
- Liaise with the occupational health provider on matters relating to the Occupational Health Surveillance programmes whilst acting on their advice to assess the employee's fitness for work, any restrictions, and the possible need for redeployment and reporting of Occupational diseases.

- Inform Line Managers of restrictions and monitoring of personnel identified as at risk.
- Ensure that occupational health surveillance data is recorded to assist in the management of this policy and is available to be reported internally and externally to OSH when requested.
- If requested by an employee who leaves The UWI, prepare health screening and exposure information for the employee on leaving The UWI.

5.2 The OHSE Unit

The role of the OHSE Unit will be to:

- Ensure that suitable and effective processes and procedures are established and maintained to support the Occupational Health Surveillance programme and monitoring through the auditing process.
- Provide guidance and advice on health and safety issues relating to Health Screening.
- Liaise and act on advice from the Occupational Health Provider to ensure appropriate steps are taken to review the risk assessments and that exposures are reduced to as low as reasonably practicable, the employees fitness for work, any work restrictions, and the possible need for re-deployment and OSH reporting.
- Assist managers / teams in identifying when exposure monitoring is required.

5.3 Deans, Directors, Managers and Supervisors

The role of the various Deans, Directors, Managers and Supervisors will be to:

- Ensure Health Surveillance is undertaken where the Risk Assessment process indicates an occupational risk to the employees' health, through the likely exposure to chemical, biological, physical agents and work activities.
- Ensure Health Surveillance should be undertaken where the employee is likely to be:
    - Regularly exposed above the exposure action value;
    - Occasionally exposed above the exposure action value where the frequency and severity of exposure may pose a risk to health, and for;
    - Already diagnosed with an occupational related condition.

5.4 The Occupational Nurse

The role of the Occupational Nurse will be to:

- Review Baseline Health Data from employee pre employment medicals;
- Review Task specific profiles from Task Health risk assessment;
- Review Health screening questionnaires;
- Identify all medical and health screening requirements and maintain information on Medical screening Matrix;
- Reviewing records of
    - Exposure;
    - Screening;
    - Referrals and monitoring of personnel.
- Advise Human Resources Division of over exposures or concerns that require follow up by the Occupational Health Provider.

5.5 The Occupational Health Provider

The Occupational Health Provider is the external occupational doctor who would be used to implement the overall Occupational Health Surveillance Programme. The Provider will report to The UWI Human Resources Division.

The main roles of the provider will be to:

- Assist in the development of the Health risk assessments for the various job classifications.
- Conduct Routine Health surveillance medicals on behalf of The UWI.
- Maintain clinical medical records on personnel undergoing health screening. These must be held for a period of thirty (30) years.
- Make recommendations based on trends observed in the Occupational Health Surveillance programme.
- Review and advise on cases of fitness and suitability for work and any restrictions that may be required.
- The need for re-deployment / removal from work areas of affected personnel.
- Review all referrals / assessments conducted by Third Party Health Providers.
- Advise any employee about their Medical condition and the likelihood of the disease progression with continued exposure.

- Provide guidance and advice to The UWI on reducing levels of personal exposure where required.
- Report to the Human Resources Division where a diagnosis of occupational related illness is made and where further intervention may be required e.g. Disability, Medical retirement through exposure, potential legal recourse and reporting.

5.6 Specialists / Occupational Hygienist

Where the expertise does not exist in-house or with the Occupational Health Provider, assistance will be sought from a suitable Specialist or Occupational Hygienist to assist the OHSE Unit to identify any requirement for additional or continuous monitoring of a hazard. Records of such monitoring will be held in the individual personal health record files, which may be held in electronic or hard copy format within the Human Resources Division.

6. PROCEDURE

The following outlines in more detail what specific procedures require to be undertaken in supporting this programme.

6.1 Baseline Occupational Health

The UWI shall produce a list of job classifications utilised within Campus. From this list of job classification, the potential occupational health hazards shall be identified, this forms the **Baseline** Occupational Health Screen Standard.

6.2 Medical Screening Matrix

Medical Screening Matrix will be maintained by the Occupational Nurse and be unique to the activities of the Campus. The information from the Medical Screening Matrix will be used to provide Human Resources Division, Deans, Directors, Managers and Supervisors with data to enable them to arrange suitable levels of Medicals and Health Screening for personnel.

6.3 Task Based Risk Assessment (Occupational Issues)

The Occupational Nurse and the OHSE Manager shall identify tasks that represent a significant occupational hazard and record their findings on the **Task Based Risk Assessment Form.**

Identified hazards shall be measured against the **Risk Assessment Matrix** and control measures put in place to reduce / eliminate the risk.

The following steps shall be followed:

- Identify occupational health hazards for all trade groups.
- For employees working at client's sites, establish from the client the known occupational health hazards that are specific to the site.
- Forward the information to occupational health advisor for review and entry onto medical screening matrix. **(This will form the medical & health screening needs of those groups).**
- Convey to all employees the occupational risks, restrictions and monitoring that have been put in place to protect them.
- Regularly review Risk assessments to ensure they remain suitable and sufficient for the tasks being undertaken.
- Maintain all employee health exposure records in conjunction with the Human Resources Division.
- Forward copies of health exposure records to the Occupational Health Advisor for review and comment and to Human Resources Division for entry into the employee's Personal Health record file. Should occupational health monitoring / exposure advice be required, the Occupational nurse shall be the initial contact.
- Should specialist assistance be required, the following teams shall be consulted:-
    - The OHSE Unit
    - The Health Services Unit
    - The Occupational Nurse
    - The Occupational Health Provider

6.4 Record keeping

The Occupational Health Surveillance records shall be held and maintained by the Human Resources Division. These records may be held in electronic or hard copy format, and to be updated to show:-

- An historical record of tasks involving exposure to hazards for which Health Surveillance is required during employment.

- Conclusions of Health Surveillance procedures and the date on which they were carried out. They should also indicate whether the individual is fit to continue to work, this should include the decisions of the Occupational Health Provider / Physician where medical assessment has taken place. The Records will not contain clinical information.
- Clinical information will be held in Medical Confidence by the Occupational Health Provider / Physician, these can only be released by written consent of the individual, who under the 'Access to Health Records Act 1990' allows employees the right to see and comment on their records.
- All individual health records shall be kept as long as the person is under health surveillance. Asbestos, COSHH, Ionising Radiation, Lead etc. state that required records be retained for much longer (up to 50 years from last exposure) as ill health effects may not emerge until long after exposure. Clinical Medical records will remain with the Occupational Health Provider who will make provision for storage for the same time periods.

APPENDIX 1 - Schedule 1 – List of Occupational Diseases (The OSH Act, 2004 (as amended))

LIST OF OCCUPATIONAL DISEASES

1. DISEASES CAUSED BY AGENTS

1.1. Diseases caused by chemical agents

1.1.1 Diseases caused by beryllium or its toxic compounds

1.1.2 Diseases caused by cadmium or its toxic compounds

1.1.3 Diseases caused by phosphorus or its toxic compounds

1.1.4 Diseases caused by chromium or its toxic compounds

1.1.5 Diseases caused by manganese or its toxic compounds

1.1.6 Diseases caused by arsenic or its toxic compounds

1.1.7 Diseases caused by mercury or its toxic compounds

1.1.8 Diseases caused by lead or its toxic compounds

1.1.9 Diseases caused by fluorine or its toxic compounds

1.1.10 Diseases caused by carbon disulphide

1.1.11 Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons

1.1.12 Diseases caused by benzene or its toxic homologues

1.1.13 Diseases caused by toxic nitro-and amino-derivatives of benzene or its homologues

1.1.14 Diseases caused by nitroglycerin or other nitric acid esters

1.1.15 Diseases caused by alcohols, glycols, ketones

1.1.16 Diseases caused by asphyxiants; carbon monoxide, hydrogen cyanide or its toxic derivatives, hydrogen sulphide

1.1.17 Diseases caused by acrylonitrile

1.1.18 Diseases caused by oxides of nitrogen

1.1.19 Diseases caused by vanadium or its toxic compounds

1.1.20 Diseases caused by antimony or its toxic compounds

1.1.21 Diseases caused by hexane

1.1.22 Diseases of teeth caused by mineral acids

1.1.23 Diseases caused by pharmaceutical agents

1.1.24 Diseases caused by thallium or its compounds

1.1.25 Diseases caused by osmium or its compounds

1.1.26 Diseases caused by selenium or its compounds

1.1.27 Diseases caused by copper or its compounds

1.1.28 Diseases caused by tin or its compounds

1.1.29 Diseases caused by zinc or its compounds

1.1.30 Diseases caused by ozone, phosogene

1.1.31 Diseases caused by irritants: benzoquinone and othercorneal irritants

1.1.32 Diseases caused by any other chemical agents not mentioned in the preceding items 1.1.1 to 1.1.31, where a link between the exposure of a worker to these chemical agents and the diseases suffered is established

1.2. Diseases caused by physical agents

1.2.1 Hearing impairment caused by noise

1.2.2 Diseases caused by vibration (disorders of muscles, tendons,

bones, joints, peripherals blood vessels or peripherals nerves)

1.2.3 Diseases caused by work in compressed air

1.2.4 Diseases caused by ionizing radiations

1.2.5 Diseases caused by heat radiation

1.2.6 Diseases caused by ultraviolet radiation

1.2.7 Diseases caused by extreme temperature (e.g., sunstroke, frostbite)

1.2.8 Diseases caused by any other physical agents not mentioned in the preceding items 1.2.1 to 1.2.7, where a direct link between the exposure of a worker to these physical agents and the diseases suffered is established

1.3 Diseases caused by biological agents

1.3.1 Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination

2. DISEASES BY TARGET ORGAN SYSTEMS

2.1 Occupational respiratory diseases

2.1.1 Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthracosilicosis, asbestosis) and silicotuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death

2.1.2 Bronchopulmonary diseases caused by hard-metal dust

2.1.3 Bronchopulmonary diseases caused by cotton, flax, hemp or sisal dist (byssinosis)

2.1.4 Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process

2.1.5 Extrinsic allergic alveolitis caused by the inhalation of organic dusts, as prescribed by national legislation

2.1.6 Siderosis

2.1.7 Chronic obstructive pulmonary diseases

2.1.8 Diseases of the lung caused by aluminium

2.1.9 Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process

2.1.10 Any other respiratory disease not mentioned in the preceding items 2.1 to 2.1.9, caused by an agent where a direct link between the exposure of a worker to this agent and the disease suffered is established

2.2 Occupational skin diseases

2.2.1 Skin diseases caused by physical, chemical or biological agents not included under other items

2.2.2 Occupational vitiligo

2.3 Occupational musculo-skeletal disorders

2.3.1 Musculo-skeletal diseases caused by specific work activities or work environment where particular risk factors are present

Examples of such activities or environment include:

(a) rapid or repetitive motion

(b) forceful exertion

(c) excessive mechanical force concentration

(d) awkward or non-neutral postures

(e) vibration

Local or environmental cold may increase risk

3. OCCUPATIONAL CANCER

3.1 Cancer caused by the following agents

3.1.1 Asbestos

3.1.2 Benzidine and its salts

3.1.3 Bis chloromethyl ether (BCME)

3.1.4 Chromium and chromium compounds

3.1.5 Coal tars, coal tar pitches or soots

3.1.6 Beta-napthylamine

3.1.7 Vinyl chloride

3.1.8 Benzene or its toxic homologues

3.1.9 Toxic nitro and amino-derivatives of benzene or its homologues

3.1.10 Ionizing radiations

3.1.11 Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances

3.1.12 Coke oven emissions

3.1.13 Compounds of nickel

3.1.14 Wood dust

3.1.15 Cancer caused by any other agents not mentioned in the preceding items 3.1.1 to 3.1.14, where a direct link between the exposure of a worker to this agent and the cancer suffered is established

4. OTHER DISEASES

4.1 Miners' nystagmus

AUTHORIZATION LOG

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	Director, Human Resources Division	12/03/14 DATE
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