

**Footwear and Leather Industries
Health & Safety
Committee**

INTRODUCTION TO OCCUPATIONAL HEALTH MONITORING/SURVEILLANCE

A guidance note for the footwear and leather industries



INTRODUCTION

Occupational health risks are those risks arising as a result of activities undertaken whilst at work which can cause or exacerbate an adverse health condition.

Occupational health surveillance or monitoring is a process involving a range of strategies and methods to systematically detect and assess the early signs of adverse effects on the health of workers who are potentially being exposed to health hazards during the course of their work.

Here are some examples of the health risks individuals in footwear or leather workplaces could be exposed to. The first 3 require statutory health surveillance, for the remainder health monitoring may be appropriate-



- Noise
- Chemicals and hazardous substances
- Dust

- Display screen equipment/ergonomics
- Repetitive strain injury/ Work related upper limb disorders
- Manual handling
- Driving for work
- Overseas travel
- Ionising radiations
- Confined spaces
- Night working/shift working
- Stress

WHAT THE LAW SAYS

Some forms of occupational health surveillance are required by law, as set out in the following legislation:

- Control of Substances Hazardous to Health Regulations 2002 (as amended)

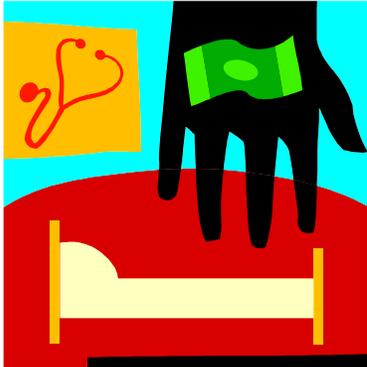
- Management of Health and Safety at Work Regulations 1999
- Control of Noise at Work Regulations 2005

This is not an exhaustive list and care should be taken that you are aware of legislative requirements. To find out the specific health surveillance requirements relating to an activity, you will need to look at the appropriate legislation.

Other forms of health monitoring can be routinely undertaken and are considered to be good practice, though not a statutory requirement, as they can:

- Help protect the health of employees
- Help to ensure employers are in compliance with legal requirements for a safe workplace
- Assist in the evaluation of control measures

WHEN IS OCCUPATIONAL HEALTH SURVEILLANCE NECESSARY?



The starting point of any Occupation Health Surveillance or Monitoring regime is the risk assessment. Once this has been completed, all hazards, including health hazards, should be identified to ensure your surveillance or monitoring regime is best suited to assess the issues within your workplace.

The following steps are important prior to any occupational health programme being implemented:

- Find out what the hazards are in your workplace that could potentially affect the health and wellbeing of your workforce.
- Find out who might be at risk from exposure to those hazards and how might they be affected.

- Decide what actions are necessary to prevent harm to health

If the above steps have been completed and the risks still remain or you need to have checks conducted to verify your controls are effective then occupational health surveillance or monitoring should be a consideration.

METHODS OF OCCUPATIONAL HEALTH SURVEILLANCE

In its simplest form, Occupational Health Surveillance involves employees checking themselves for signs or symptoms of ill health. **Self checks only work where employees have been properly informed on what to look for and know who to report to if symptoms arise.**

Non technical health surveillance techniques include:

- **Simple skin surveillance**-this check is looking for skin damage from exposure to certain chemicals.
- **Simple respiratory surveillance**- this check is asking employees to fill in respiratory questionnaires to assess whether they have developed any breathing problems from substances they work with.

For more complicated assessments, such as fitness checks, lung function tests, hearing tests etc. An Occupational Health Nurse/Doctor should perform the assessments.

Technical methods of occupational health surveillance include:





- **Spirometry tests** – this check is a lung function test to assess the capability of the lungs and check for any signs of occupational asthma or other lung disease.
- **Audiometry tests** – this test is to assess if any hearing defects have been caused by exposure to noise at work.

Please note that any medical data or information derived from occupational health surveillance, such as records containing specific medical information relating to the employees, should be treated as confidential. Managers however should know the outcome of the surveillance, basically Fit/Unfit/Fit with restrictions so that they can manage the individuals appropriately.

There is a requirement to report some incidents/ occupational diseases as part of the RIDDOR regulations.

RESULTS OF OCCUPATIONAL HEALTH SURVEILLANCE OR MONITORING

1. Management of the process
2. Management of the individual

Results gained from occupational health surveillance or monitoring should be used to assess whether your existing controls are adequate and, secondly, whether or not you have to manage the individuals involved in the process as a result of the knowledge gained.

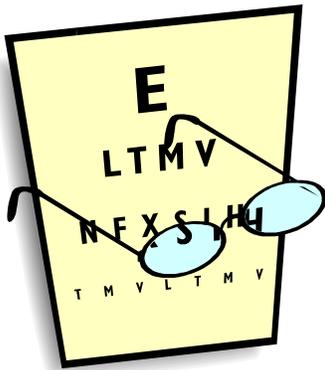
INFORMATION, INSTRUCTION, SUPERVISION AND TRAINING

Employees and Safety Reps

Consulting with trade union appointed safety representatives (*see Safety Reps and Safety Committee Regulations 1977*) or other employee representatives (*see Health & Safety Consultation [with employees] Regulations 1996*) is a legal requirement. Working with safety representatives and employees' representatives is a very useful means of communicating on health and safety matters in the workplace.

Remember: involving employees in decisions can help to foster closer working relationships and make employees more receptive to new ideas.

CURRENT WAYS OF MEETING OCCUPATIONAL HEALTH SERVICE NEEDS



Securing Health Together – An Occupational Health Strategy for England, Scotland and Wales

This government initiative represents a joint commitment by government bodies concerned with occupational health and other interested parties outside government (including trade unions) to work together to reach the following common goals:

- Reduce ill health in both workers and the public, caused or made worse, by work
- Help people who have been ill, whether caused by work or not, to return to work

- Improve work opportunities for people currently not in employment due to ill health or disability
- Use the work environment to help people maintain or improve their health

OCCUPATIONAL HEALTH PRACTITIONERS AND SERVICES

Occupational health nurses. Many employers find it convenient to employ a part time or full time occupational health nurse. The nurse may undertake a wide range of advisory and treatment services and manage an occupational health department. On occasions, this service may be supplemented by attendance or access to a part time GP or occupational physician. Nurses should hold a specialist qualification in Occupational Health and preferably be on the Specialist (Part 3) part of the Nursing and Midwifery Council Register.

Occupational health physicians. Specialist qualification and accreditation in occupational medicine requires completion of two years' general professional training and four years of higher training. Occupational physicians with the necessary training and qualifications are granted "specialist accreditation" recognising their medical specialist status which is designated as a letter "T" after their name in the General Medical Register.

General medical practitioners with an interest in occupational medicine. Many general practitioners undertake medical posts outside their routine practice. Sessional work for a local company or organisation in providing medical services to employers is common. They should hold the FOM Diploma in Occupational Health and/or have relevant experience.



Occupational health contractors.

While many OH professionals work independently, some, particularly smaller organisations may wish to use an occupational health company to provide specific items of occupational health service. Such a service is provided by NHS Plus for example, and may be cost effective for limited or only occasional service needs. Such contract services may be able to provide a wide range of health surveillance and associated hygiene and safety services. Always check the qualifications of “consultants” to validate their competence and experience by inspecting their certificates and seeking advice from the HSE.



OTHER SOURCES OF INFORMATION

FLIHSC Safe Systems of Work document
www.britishfootwearassociation.co.uk

FLIHSC Hazardous Substances in the Footwear & Leather Industries document
www.britishfootwearassociation.co.uk

HSE – Control of Substances Hazardous to Health (COSHH) www.hse.gov.uk/coshh

Management of Health and Safety at Work – HSE Books: books.hse.gov.uk/

Potential occupational health concerns within the footwear and leather industries are shown in the following table:

Legislation	Industry Example	Typical Control Measure	OH Monitoring
Control of Noise at Work Regulations 2005	Synchro staking machine. Welt sewing. Rough rounders.	Design of plant/equipment/working areas. Ear defenders. Signage.	Periodic audiometry tests. Noise assessments and monitoring.
Control of Substances Hazardous to Health Regulations (as amended) 2002.	Dipping/curing. Chemical analysis. Reactive dyestuff. Wet working. Use of adhesives and solvents.	Fume Cupboards. LEV. PPE. Use of respirators. Use of hand creams.	Spirometry and/or health questionnaire Skin checks
Control of Substances Hazardous to Health Regulations (as amended) 2002.	Dust generated by: shaving and buffing, roughing and scouring.	LEV/use of respirators.	Spirometry and/or health questionnaire
Display Screen Equipment Regulations 1992	Use of desk top equipment, including computers and laptops.	Vision screening. Muscular assessment. Work station assessments.	Occupational/ergonomic assessments. Regular eye tests.
Management of Health and Safety at work Regulations 1999	Driving for business. Overseas travel.	General medical/health monitoring.	General fitness check. Self assessments.
Manual Handling (Operations) Regulations 1992	Handling wet hides. Cartons. Racks. Highly repetitive activities.	Training and awareness and use of mechanical aids. Manual handling checklist/assessment.	Self assessments/monitoring by questionnaire . Absence management.

Published by
the Footwear & Leather Industries Health & Safety Committee
c/o The Secretary, FLIHSC, BFA, 3 Burystead Place,
Wellingborough, Northants NN8 1AH
Tel 01933 229005 Fax 01933 225009
E mail elaine@britfoot.com

FLIHSC

Members of the working party involved in producing this document:

**Mark Buckley, SATRA
Elaine Davies, BFA
Mike Fear, Pittards plc
Simon Hill, Church & Co Ltd
David Preedy, Loake Bros/Community
John Rivett, JR Safety
Robert Sneddon, Community
Health & Safety Executive**

This document will be available on the following websites:

British Footwear Association – www.britishfootwearassociation.co.uk

UK Leather Federation – www.ukleather.org

Community – www.community-tu.org