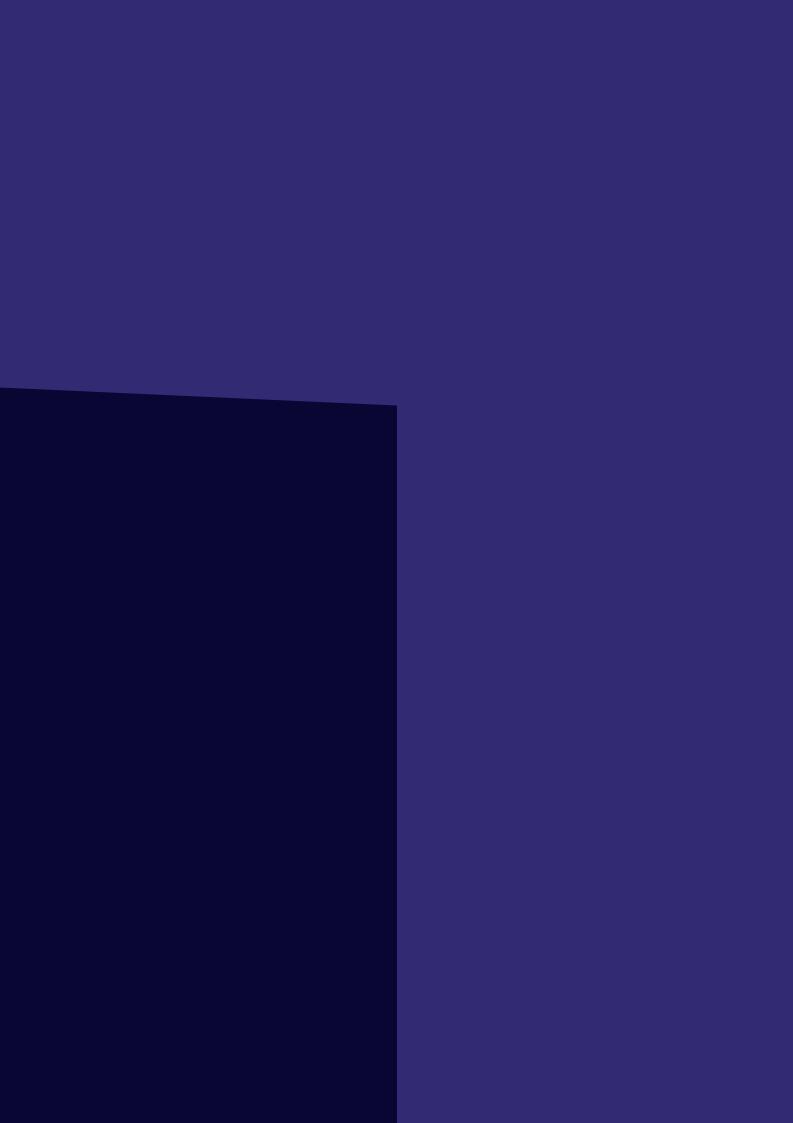


A Short Guide to Health Surveillance in the Workplace



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Introduction

This short guide aims to assist employers and health professionals working on their behalf in understanding their legal requirements regarding health surveillance in the workplace. It also highlights the key elements to consider when implementing a health surveillance programme.

Employers are advised to consult HSA resources for updates to legislation and regulations, as changes may occur after the time of publication. This document is not intended as a legal interpretation of the legislation.



What is health surveillance?

Health Surveillance is defined by the Safety, Health and Welfare at Work Act 2005 (No. 10/2005) and means "the periodic review, for the purpose of protecting health and preventing occupationally related disease, of the health of employees, so that any adverse variations in their health that may be related to working conditions are identified as early as possible". Health surveillance is required by Section 22 of the Safety, Health, and Welfare at Work Act 2005 (No. 10/2005), where deemed necessary because of a risk assessment or as required by legislation.

Health surveillance is a systematic, regular and appropriate programme to detect early signs of work-related ill-health and then acting upon the results. The aim is to identify and protect employees at increased risk of developing occupational diseases and to check the long-term effectiveness of measures to control risks to health.

A health surveillance programme is required where risks cannot be eliminated through the implementation of the hierarchy of controls as well as in certain circumstances irrespective of the effectiveness of control measures. Health surveillance should be a mechanism that employers can use to determine whether the current prevention activities in the hierarchy of controls are effective. It is the employer's duty to make health surveillance available to employees, where deemed necessary by the risk assessment and where required by specific regulations.

What is the purpose of health surveillance?

Health surveillance is legally required when employees continue to encounter health risks despite the implemented control measures. Residual risks may persist even with proper controls, which might not always be completely reliable, despite thorough checks, training, and maintenance. Irish legislation also outlines specific instances when health surveillance is necessary. The purpose of health surveillance is to:

- detect work related ill-health effects at an early stage with a view to intervening to prevent further harm and protect health,
- provide data to help employers evaluate work-related health risks and introduce better controls to prevent ill-health effects in the workforce,
- highlight gaps in workplace control measures, therefore providing invaluable feedback to the risk assessment to reduce exposure,
- provide an opportunity to educate employees on the controls they should adhere to consistently to protect their health, and
- enable employees to raise concerns about how work affects their health.

What is not health surveillance?

- Other health programmes may be offered by the employer at the workplace that sound similar but should not be confused with health surveillance. For example, employers might offer fitness programmes, absence management assessments, health promotion initiatives that may include blood pressure, body mass index, cholesterol checks. The main difference is these health programmes are either voluntary or part of the employer's policy, whereas health surveillance is legally required under occupational health and safety legislation.
- Health surveillance is not a specific prescribed fitness to work examination as set out in the Safety Health and Welfare at Work Act 2005 (No. 10/2005), for example a medical examination to work in compressed air or diving at work.

Other health programmes and health surveillance methods can sometimes be combined, for example when baseline health surveillance tests are included with a pre-employment screening for an employee who will be placed in a noisy work environment. This is cost-effective for employers and beneficial for employees.



When is health surveillance needed?

- Upon completion of the risk assessments, workplace hazards will be identified and control
 measures put in place to mitigate the risks. If residual risks persist or if there is a legal
 requirement for health surveillance (such as noise exposure at a high level) that could potentially
 harm employees' health, additional steps will be necessary, one of which may include health
 surveillance.
- Legally, in Ireland health surveillance is required in specific health and safety legislation as outlined in the table below:

Hazard/ Exposure	Act/Regulation	Detail
Risks identified by the risk assessment	Safety, Health and Welfare at Work Act 2005 (No.10/2005)	Ensure that health surveillance is appropriate to the risks to safety, health and welfare identified by the risk assessment under Section 19, is made available to his or her employees.
Asbestos	Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006 (S.I. No. 386/2006) and as amended	Where there is exposure or likely exposure to dust from asbestos or asbestos-containing material arrangements are made for health assessments including health surveillance for employees.
Artificial optical radiation	Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2010 (S.I. No. 176/2010)	Ensure appropriate health surveillance is available where a risk assessment reveals a risk including employees exposed to artificial optical radiation in excess of an exposure limit value.
Biological agents	Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (S.I. No. 572/2013) and as amended	Where a risk to health is identified in the biological agent's risk assessment, health surveillance is made available to employees.
Chemical agents	Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001 (S.I. No. 619/2001) and as amended	The duty of every employer to make provision for appropriate health surveillance to be made available, under the responsibility of an occupational healthcare professional, to those employees for whom a risk assessment specified under Regulation 4 reveals a risk to their safety and health. Health surveillance shall be mandatory for employees when a biological limit value for a hazardous chemical agent is listed in Schedule 2 or in an approved code of practice and it shall be the duty of the employer to ensure that employees are informed of this requirement before being assigned to a task involving risk of exposure to a hazardous chemical agent for which a biological limit value is listed in Schedule 2 to the Regulations - Lead and its ionic compounds.
Carcinogenic, mutagenic and reprotoxic (CMRs) substances	Safety, Health and Welfare at Work (Carcinogens, Mutagens and Reprotoxic Substances) Regulations 2024 (S.I. No. 122/2024)	Health surveillance must be made available to employees' exposed to substances classified as Carcinogenic (category 1A or 1B), Mutagenic (category 1A or 1B), or Toxic for reproduction (category 1A or 1B). HMP that contain carcinogenic, mutagenic, reprotoxic substances and includes drugs classified as Carcinogenic (category 1A or 1B), Mutagenic (category 1A or 1B), or Toxic for reproduction (category 1A or 1B) require health surveillance to be made available to employees.

Electromagnetic Field	Safety, Health and Welfare at Work (Electromagnetic Fields) Regulations 2016 (S.I. No. 337/2016)	An employer shall ensure that appropriate health surveillance, is made available to employees for whom a risk assessment reveals a risk to their health.
Extractive industries - a surface or underground or through drilling onshore or offshore	Safety, Health and Welfare at Work (Extractive Industries) Regulations, 1997 (S.I. No. 467/1997)	It shall be the duty of every employer in making available to his or her employees health surveillance as required.
Manual handling	Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 4 of Part 2: Manual Handling of Loads (S.I. 299/2007)	Wherever the need for manual handling of loads by the employer's employees cannot be avoided, organise workstations in such a way as to make such handling as safe and healthy as possible, and when carrying out health surveillance in relation to the manual handling of loads by employees, take account of the appropriate risk factors set out in Schedule 3.
Night Work	Safety, Health and Welfare at Work (General Application) Regulations 2007 (S.I. No. 299/2007) Chapter 3 - Night Work and Shift Work	A health assessment is legally required for night workers to evaluate their health and determine if any medical conditions may prevent them from doing night work. Health assessments should be repeated at regular intervals to determine if night work is having any adverse health effects. This process can then be considered a form of health surveillance.
Noise	Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 1 of Part 5 Control of Noise at Work (S.I. 299/2007)	Health surveillance is made available to those employees for whom a risk assessment reveals a risk to their health, including if exposure exceeds the upper action value, provide a hearing check by a medical practitioner; if above the lower action value, offer audiometric testing.
Quarries	Safety, Health and Welfare at Work (Quarries) Regulations 2008 (S.I. No. 28/2008) and as amended	Where health surveillance is made available, the employer shall ensure that such health surveillance is made available before those persons are assigned to particular work activities in the quarry.
Vibration	Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 2 of Part 5 Control of Vibration at Work (S.I. 299/2007)	The employer shall ensure that appropriate health surveillance is made available to those employees for whom a risk assessment referred to in Regulation 136 reveals a risk to their health, including employees exposed to mechanical vibration in excess of an exposure action value.
Young person	Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 1 of Part 6 Protection of Children and Young Persons (S.I. 299/2007)	An employer must provide health surveillance if a risk assessment identifies a risk to safety or health or to the physical or mental development of a child or young person. This includes pre-assignment health assessments before assignment to night work, regular checks, and informing the individual (and their guardian) of results.

Health Surveillance

What are the criteria for health surveillance?

To consider health surveillance appropriate, the following criteria must be met.

The employer should consult an occupational health professional when determining the need for health surveillance:

- Identify if there is a recognisable adverse health effect associated with the workplace exposure. This requires evidence indicating that a specific work activity or exposure can lead to adverse health effects or illness. For example, there is clear evidence that exposure to; asbestos, lead, respirable crystalline silica (RCS), noise, or vibration may result in adverse health effects
- Determine the likelihood of adverse health effects resulting from the work activity. This depends on the effectiveness of the control measures and the potential for exposure. For example, if Personal Protective Equipment (PPE) is used instead of more robust engineering controls, consider health surveillance due to the possibility of PPE not being used, maintained or managed effectively.
- There should be low-risk valid techniques used to detect indications of adverse health effects due to the work activity. For health surveillance to be considered suitable, it must not expose the employee to unnecessary risk or harm during medical investigations. For example, tests like x-rays are no longer considered routine for health surveillance, unless a registered medical practitioner determines that there is a specific clinical need for the test.
- There should be a recognisable latent stage; or there is a symptomatic stage, or that there is an early stage to the disease that is detectable in the preclinical phase, to allow for management of the occupational disease as early as possible to reduce morbidity or mortality, and to check the long-term effectiveness of measures to control risks to health.

Is health surveillance mandatory?

Every employer shall ensure that health surveillance which is identified by the risk assessment is **made available** to his or her employees. Where health surveillance is **made available** by the employer, the employees may avail of it if they wish, but they may choose not to have it. It is recommended to document any refusal to take part in health surveillance.

Health surveillance is mandatory to be undertaken by employees when a biological limit value (BLV) for a hazardous chemical agent that is listed in Schedule 2 of the Safety, Health and Welfare at Work (Chemical Agents) Regulations 2001 (S.I. No. 619/2001) or the 2024 Code of Practice for the Safety, Health and Welfare at Work (Chemical Agents) Regulations (2001-2021) & the Safety, Health and Welfare at Work (Carcinogens, Mutagens and Reprotoxic Substances) Regulations (2024), for use of lead and its ionic compounds. It is then the duty of the employer to ensure that employees are informed of this requirement before being assigned to a task involving risk of exposure to a hazardous chemical agent for which a biological limit value (BLV) is listed, and health surveillance is mandatory.

How to set up a health surveillance programme?

As an employer, it is a legal requirement to implement a health surveillance programme where workplace risks necessitate it. To ensure compliance and maximise its effectiveness, it is essential to carefully plan the programme so that it not only fulfils mandatory obligations but is also tailored to meet the specific needs of the business, ensuring that resources are allocated efficiently. The following should be considered when planning a health surveillance programme:

- Identify who will be responsible for managing the health surveillance programme. This may involve a combination of internal or external occupational health service personnel, supervisors or managers. This will vary depending on the size and type of the business.
- Outline the roles and responsibilities and ensure responsible personnel are competent to fulfil their duties.

- Conduct a risk assessment in order to identify employees at risk and those in need of health surveillance. Choose appropriate testing methods.
- Avoid blanket coverage for all employees as it can be a misuse of resources and can have misleading results.
- Ensure the health surveillance programme captures employees that move internally between departments, for example maintenance workers, remote workers and shift workers. An employee may not be initially working in an area that requires health surveillance when they are hired, however during employment, they may move to an area which requires health surveillance.
- Consult with employees and their representatives regarding health surveillance. This can assist in ensuring employers are educated regarding the risks present and reinforces the importance of implementing the control measures to protect their health.
- Communicate all aspects of health surveillance to the employees and employee representatives.
- Ensure consent is granted by employees and all information related to health surveillance procedure, use of results, and communication of results is compliant with General Data Protection Regulations (GDPR).
- Ensure that there is an agreed policy on medical criteria to make a diagnosis of occupational disease. The health surveillance should look to identify any occupational diseases that have a defined diagnostic pathway.
- On completion of the health surveillance, review the results in conjunction with the risk assessment and make the necessary changes for individuals or collectively. where relevant.



What testing methods are used in health surveillance?

The testing methods utilised in health surveillance will depend on the work activity being carried out and the risks it presents to employees. The employer should also be aware of any specific requirements stated in the relevant legislation and associated codes of practice and guidelines regarding the relevant assessments to be carried out.

The following are examples of testing methods utilised in health surveillance programmes:

- Self-reporting of symptoms, for example if working with chemicals that can cause dermatitis where symptoms are normally evident first to the individual, self-examination and self-reporting of symptoms is hugely important. This can only be successful if employees know what to look out for, what to report and to whom. Employee education and training is vital.
- Questionnaires containing a series of questions related to the employee's work activities and the health effects associated with the work activity.
- Inspection by a responsible person (non-medical personnel). This person can be trained to carry out basic checks such as skin inspections for signs of a rash. This person could be the first aider, supervisor or safety representative. This method can be used when the risks to health are considered low, and symptoms of exposure are easily detectable.

- Medical examinations by medical personnel (Registered Nurse/Registered Medical Practitioner who preferably is trained in occupational medicine/health), for example, inspection of the ear prior to an audiology test, chest examination of an employee exposed to asbestos.
- Medical surveillance carried out by medical professional, for example lung function test, audiology.
- biological monitoring also known as biomonitoring, are appropriate for the earliest detection of overexposure and well-established methodologies are available for their use in health surveillance. They can be very useful in detecting substances that can have several routes of entry into the body, for example diisocyanate exposure can occur through dermal and/or inhalation.
- Biological effect monitoring is the process of measuring biological changes or markers in an individual to assess the effects of exposure to a hazardous substance. It involves monitoring specific biological indicators (e.g., enzymes, metabolites, or physiological changes) that reflect how a substance interacts with the body.

Multiple methods can be used in one specific health surveillance programme, for example a health questionnaire, medical surveillance, medical examination and biological monitoring may be used as a health surveillance programme for diisocyanate exposure.

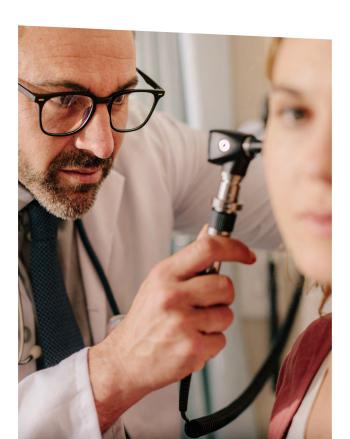
See further examples below.

Exposure to respiratory sensitizers: The appropriate type of health surveillance may be self-reporting of symptoms or a questionnaire as an initial assessment. Where symptoms are reported, relevant employees may be referred for further investigation to medical personnel. Medical surveillance may also be carried out such as a lung function test.

Working with asbestos:

The risk to employees will be exposure to inhalation of asbestos fibres. One of the appropriate tests to be completed will be an examination of the chest by a registered medical practitioner. This is specified in the relevant regulations.

Exposure to high levels of noise:
 The health surveillance techniques used would include audiometry and hearing checks.



Identify who will carry out the health surveillance

A health surveillance programme is usually set up with input from a competent occupational health professional. Then depending on the methods used, it may be the employer or nominated employee for self-reporting or completion of questionnaires with input from occupational health professionals, as required.

When availing of external services, ensure the person(s) are competent. Check whether the medical doctor and/or nurse has a qualification in occupational medicine/health and has the required experience and knowledge to assess the health effects associated with the hazard/work activity.

Examples of physician and nurses' qualifications providing occupational medical care in Ireland include:

- Specialist Occupational Physicians
- Specialist Registrars (SpR), working on placement, for example in training
- Occupational Physicians (OPs), physicians with a post-graduate qualification in occupational medicine (LFOM, MFOM or other recognised qualification)
- Registered Physicians with or without formal training or post-graduate qualifications in occupational medicine
- Registered Physicians in self-directed training schemes
- Registered General Nurse with Occupational Health Qualifications

What to do with health surveillance results?

Records must be kept for an appropriate period as specified in the relevant legislation, for example the Asbestos Regulations specify 40 years after the last assessment. At all times the GDPR requirements must be followed for maintaining records.

Health Surveillance

There are different types of records that must be kept depending on the type of health surveillance carried out, as outlined in the table below.

Type of record	Contents	Retention and confidentiality
Health record	 Personal details of employee Type of work carried out Date of commencement of employment Self-reported symptoms (if applicable) Results of questionnaire Recommendations on preventive or protective measures 	 Does not contain confidential medical information Retained by the employer
Medical record	 Detailed medical information Results of health surveillance carried out Relevant preventive or protective measures based on medical examinations or tests 	 Retained and secured by medical personnel Not disclosed without employee consent
Exposure records	- Records of employee exposure to toxic substances, harmful physical or biological agents, carcinogens, mutagens, or reprotoxic substances	- Retention requirements depend on regulations associated with specific exposures
Occupational health registers	- Records for employees exposed to asbestos or asbestos-containing materials (except low, sporadic exposure as specified in regulation 5b of the Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006-2010)	- Retained according to occupational health regulations for asbestos exposure

Health Surveillance will only be beneficial if the employer acts on the results

Health surveillance will only be beneficial if the employer acts on the results. It should be clear as to when and on what grounds employees should be referred for medical examinations. The appropriate actions must be taken, this will include reviewing the risk assessment and ensuring where relevant additional controls are put in place to reduce the risk as far as reasonably practicable.

If a particular work activity or job is found medically contra-indicated for an employee, the employer must make all reasonable effort to find an appropriate solution or alternative work where feasible. Advice of an occupational health professional should be sought for any potential work-related ill-health conditions.

Health surveillance programmes can also reinforce safe work practices and of health protection measures where no changes are noted in the employees' health surveillance results.

Periodically review the health surveillance programme as a whole or modify it in light of improved working practices or as systems/processes change in the workplace.

Certain legislation requires the employer to notify the Authority in writing and make available to the Authority all health records kept by the company if the employers company ceases trading, for example Asbestos Regulations and Noise Regulations.





Further Information & Resources

For further information, please see the HSA Website.

Contact our HelpDesk:

Email: contactus@hsa.ie Phone: 0818 289 389 or visit: www.hsa.ie







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