

# Health Surveillance Requirements Checklist

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Employers have a legal requirement to make available health surveillance to their employees, and in some cases a health assessment. This checklist contains an updated list of acts and regulations where health surveillance, a health assessment or medical surveillance is required. It should be used to assess your compliance with the legislation.

*Note: this list is not exhaustive and further professional advice related to your own particular workplace circumstances may be required. An editable version of this checklist is available from [ronan@irn.ie](mailto:ronan@irn.ie) or log into <https://www.healthandsafetyreview.ie/downloads>.*



Hearing check

OSH topics where health/ medical surveillance is a requirement:	Tick if this hazard is relevant to your workplace. ✓
<ol style="list-style-type: none"> <li>1. Artificial optical radiation</li> <li>2. Asbestos</li> <li>3. Biological agents</li> <li>4. Carcinogens and mutagens</li> <li>5. Chemicals</li> <li>6. Children and young persons</li> <li>7. Display screen equipment</li> <li>8. Electromagnetic fields</li> <li>9. Extractive industries – surface or underground</li> <li>10. Manual handling</li> <li>11. Night and shiftwork</li> <li>12. Noise</li> <li>13. Pregnant, postnatal and breastfeeding employees</li> <li>14. Quarries</li> <li>15. Radiological protection (ionising radiation)</li> <li>16. Risk assessment</li> <li>17. Vibration</li> </ol>	

OSH topics where health/ medical surveillance is a requirement:	Yes ✓	No ×
<p><b><u>1. Artificial optical radiation</u></b></p> <p><b>General Application (Amendment) (Artificial Optical Radiation) Regulations 2010 (SI 176), reg 182</b></p> <p><i>Note: Optical radiation means any electromagnetic radiation in the wave length range between 100nm and 1mm. The spectrum of optical radiation is divided into ultraviolet radiation, visible radiation and infrared radiation. The purpose of health surveillance under this regulation is to diagnose rapidly any long-term health risks and any risk of chronic disease from exposure to artificial optical radiation.</i></p> <p>Where a written risk assessment referred to in regulation 179 shows an employee has been exposed to artificial radiation in excess of an exposure limit value, do we ensure appropriate health surveillance is made available to the employee?</p> <p>Where health surveillance shows an employee is found to have an identifiable illness or adverse health effect which is, in the opinion of a registered medical practitioner, a result of exposure to artificial optical radiation, have we made available the services of a registered medical practitioner to carry out a medical examination?</p> <p>Where an employee is found to have an identifiable illness or adverse health effect, which in the opinion of a registered medical practitioner is the result of exposure to artificial optical radiation, have we:</p> <ul style="list-style-type: none"> <li>• Reviewed the risk assessment carried out under regulation 136?</li> <li>• Reviewed the measures to eliminate or reduce the risk?</li> <li>• Taken account of the advice of the registered medical practitioner or relevant competent person, or HSA inspector on measures required to eliminate or reduce risk, including the possibility of assigning the employee to alternative where there is no risk of further exposure?</li> <li>• Arranged continued health surveillance and provided for a review of the health status of any employee who had been similarly exposed?</li> <li>• Taken account of the recommendations of the registered medical practitioner or relevant competent person regarding further medical examination?</li> </ul> <p>As an employer do we ensure that:</p>		

- The results of health surveillance are taken in to account in the application of preventative measures at the place of work?
- A health record of employees who undergo health surveillance is made and maintained?
- The health record of each employee is available to permit (taking account of confidentially) access at a later date?
- An employee can have access to his/her personal health records?
- If the HSA requires copies of the records, they can be made available?
- If we cease to trade that the HSA is notified and the records can be made available to the HSA?

## 2.Asbestos

### **Exposure to Asbestos Regulations 2006, reg 20, as amended by SI 589/2010**

*Note: The term 'health assessment' is used under the asbestos regulations. This regulation provides for the assessment of health of employees who are or may be exposed to asbestos in excess of 0.1 fibres per cm<sup>3</sup>. Where an employee's exposure is sporadic and of low intensity, and where the exposure limit value is not exceeded a health assessment or medical records is not a requirement.*

- Where employees are or may be exposed to asbestos dust or materials containing asbestos have we complied with our duty to ensure arrangements have been made to enable employees to avail of health assessments? ( refer to note above).
- Has a health assessment been made prior to exposure and does it include a specific examination of the chest?
- Where exposure or possible exposure continues over a period of time, have we made health assessment available once in every three-year period, or a shorter period if determined by a responsible medical practitioner?
- Have we arranged for an adequate and suitable health assessment of every employee concerned to be made by a responsible medical practitioner, given sufficient notice to employees and provided facilities to the responsible medical practitioner to become familiar with the exposure conditions?
- Does the responsible medical practitioner advise on or determine individual protective or preventive measures, which may include the withdrawal of the employee from asbestos exposure?
- Does the medical practitioner indicate on the occupational health register whether the employee is fit, unfit, or fit with certain restrictions for exposure to asbestos?
- Does the medical practitioner indicate that health surveillance shall continue after the end of exposure?

- Does the medical practitioner maintain individual medical records, with the information specified in schedule 5 e.g., medical history and clinical assessment, for 40 years after the last assessment? Note that medical records can be transferred from one practitioner to another if changing medical practitioners.
- If an employee is aggrieved by the determination made by a responsible medical practitioner following an assessment, are they aware they can apply within 28 days to the HSA to have the determination reviewed?
- Are employees aware that in order to access their information, reasonable notice must be given to the medical practitioner?
- Where the medical practitioner becomes aware of a case of asbestosis or mesothelioma, he or she shall report this in writing to the HSA, who are responsible to maintain a register, known as the ‘Asbestosis and Mesothelioma Register’. Is this done?
- Have we maintained our own ‘Occupational Health Register’, (subject to regulation 5(b)e.g., only required if exposure limit value is exceeded) which contains the information set out in schedule 6? e.g., this includes a brief description of the work activity involving asbestos including the nature and duration of activity, individual air monitoring and health assessment information and more.
- If we are required to have an occupational health register, and our business ceases, have we plans in place to inform the HSA, and to deposit the register with a person as the HSA directs us to?

### **3. Biological Agents**

#### **Biological Agents Regulations 2213, reg 12**

*Note: Biological agent means micro-organisms, including those which have been genetically modified, cell cultures and human endoparasites which may be able to provoke an infection, allergy or toxicity. They are classified into 4 risk groups. e.g., SARS CoV-2 (Covid-19) is in risk group 3, staphylococcus aureus is in group 2.*

Where there is a risk to the health or safety of employees due to work with a biological agent, an employer shall:

- Make provision for appropriate health surveillance to be made available and undertaken by a responsible medical practitioner for each employee whom a risk assessment reveals a risk. Have we done so?
- Ensure, where appropriate, that health surveillance is made available prior to exposure and at intervals thereafter and that it is possible to implement individual and collective occupational hygiene measures. Have we done so?

- Ensure, where an employee is found to be suffering from an infection and/or illness which is suspected to be the result of exposure, health surveillance is made available to all other employees who have been simultaneously exposed. And where health surveillance is undertaken that the risk assessment is reviewed. Have we done so?
- Have we ensured that health records are kept for at least ten years following the end of the employee's exposure?
- Do we ensure that, where an employee receives health surveillance, an individual health record is kept for at least ten years following the end of exposure and, if the employee has been found to be suffering from an infection or illness for a period not exceeding 40 years?
- Do we ensure employees are provided with advice regarding any health surveillance the employee may undergo following the end of exposure?
- Do we give access to the results of health surveillance or reviews of surveillance, which concern employees?
- As an employer, if we become aware of an employee suffering a disease or dying as a result of occupational exposure to a biological agent, we are required to notify the HSA. Do we?
- As an employer we can request a review of health surveillance results. We should ask ourselves is it appropriate to do so – do we?
- Where there is a risk to the health or safety of employees from work with biological agents, have we established and maintained safety precautions, emergency procedures and plans appropriate to hazards of the workplace?

#### **4.Carcinogens and mutagens**

##### **Carcinogen Regulations 2001, as amended by SI 592/2019**

*Note: Carcinogen includes a category 1 or 2 carcinogen, set out in Annex VI of Directive 67/548/EEC. Mutagen means a substance or mixture which meets the criteria for classification as a category 1A or 1B germ cell mutagen, as set out in Annex 1 to Regulation (EC) 1272/2008.*

- Have we made provision for relevant health surveillance to be made available for employees where the risk assessment, carried out under Regulation 4 (b) reveals a risk to their health?
- Have we ensured that health surveillance is made available prior to exposure and at regular intervals?
- Is it possible to implement individual and occupational hygiene measures?
- If an employee is suffering from an abnormality which is suspected to be the result of exposure to carcinogens or mutagens, health surveillance is made available to other employees who have been similarly exposed, and a further re-assessment of the risk of exposure is completed?

<ul style="list-style-type: none"> <li>• Have we ensured that individual health records of health surveillance are kept?</li> <li>• Have we ensured that employees may request a review of their results?</li> <li>• Does the medical practitioner we use keep individual confidential records, and propose protective and preventive measures for individual employees if needed?</li> <li>• Does the medical practitioner give access to employees the results of their own health surveillance?</li> <li>• Does the medical practitioner allow access to individual confidential medical records to an occupational medical adviser if required?</li> <li>• Are cases of diagnosed cancer resulting from occupational exposure notified to the HSA?</li> <li>• Do we ensure that employees are provided with information and advice regarding health surveillance following the end of an exposure?</li> </ul> <p><b><u>5. Chemicals</u></b></p> <p><b>Chemical Agents Regulations 2001, reg 10, as amended by SI 623/2015 and SI 231/2021</b></p> <p><i>Note: Health surveillance under these regulations is related to exposure to specific chemical agents and includes biological monitoring.</i></p> <p>Have we, as required by regulation 6 of the Regulations, made provision for appropriate health surveillance to be made available, under the responsibility of an occupational healthcare professional, to employees for whom a risk assessment reveals a risk to their safety and health?</p> <p>Health surveillance shall be regarded as being appropriate when:</p> <ul style="list-style-type: none"> <li>• The exposure of an employee to a hazardous chemical is such that an identifiable disease or adverse health effect may be related to the exposure. Is that the case?</li> <li>• There is a reasonable likelihood that the disease or effect may occur under the particular conditions of the employee’s work. Is that the case?</li> <li>• There are no valid indications for detecting indications of the disease or the effect. Is that the case?</li> </ul> <p>When a biological limit value for a hazardous chemical agent is listed in Schedule 2 of the Regulations or in an approved code of practice health surveillance is mandatory, and it is our duty to inform employees of this requirement before assigning them to a task involving risk of exposure. Have we informed them?</p> <p>Have we complied with our duty to maintain individual health records in respect of every employee to whom this regulation relates?</p>		
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Have we ensured that workers or their representatives have received the results of health surveillance?

When measurements of hazardous chemical agents have been carried out, have we maintained a record of exposure in respect of every employee?

Do we ensure employees have access to their records?

When an occupational health professional certifies to us, as employers, that an employee should not be engaged in work which exposes the employee to a particular substance or should only be engaged in that work subject to specified conditions or until the restriction is cancelled, have we complied?

Where as a result of health surveillance an employee is found to have an identifiable disease or adverse health effect as a result of exposure, have we

- Reviewed the risk assessment?
- Reviewed the measures provided to eliminate or reduce the risk?
- Arranged continued health surveillance and have we reviewed the health status of any worker who might be similarly exposed?

## **6.Children and young persons**

### **General Application (Protection of Children and Young Persons) Regulations 2007, reg 146**

*Note: child means a person resident in the State who is under 16 years of age. Risks are listed in schedule 7 of SI299/2007 and include physical agents, biological agents, chemical agents, lead, asbestos and more.*

- Where a risk assessment reveals a risk to the safety or health or to the physical or mental development of a child or young person, have we made health surveillance available?
- Have we made available to a child or young person a free assessment of his/her health and capabilities before assignment to nightwork and at regular intervals thereafter? e.g., night work means in the case of a child, any work between 8pm on any one day and 8am on the following day, and in the case of a young person the hours referred to in the Protection of Young Persons (Employment) Act 1996.
- Have we informed the child or young person of any risk and of any preventive and protective measures, and in the case of a child their parent or guardian?
- Have we informed the child or young person of the results of health surveillance and in the case of a child informed his/her parent or guardian?



**7.Display screen equipment****General Application (Display Screen Equipment) Regulations 2007, reg 73**

Have we made known to employees their rights to the provision of appropriate eye and eyesight tests carried out by a competent person, and have the tests been made available to them?

Did we do this:

- Before they started display screen work?
- At regular intervals thereafter?
- If an employee experiences visual difficulty (which may be due to display screen work)?

If the results of a test show an ophthalmological examination is required, have we made it available?

Where the results show that normal corrective appliances cannot be used, have we ensured the employee is provided with the appropriate special corrective appliances?

**8.Electromagnetic Fields****Electromagnetic Fields regulations 2016, reg 8**

*Note: Electromagnetic fields means static electric, static magnetic and time varying electric, magnetic and electromagnetic fields with frequencies up to 300GHz.*

Do we ensure that appropriate health surveillance, intended to prevent or diagnose rapidly any adverse health effects due to exposure to electromagnetic fields is made available to employees for whom a risk assessment reveals a risk to their health and, without prejudice to the generality of the foregoing, in a case where ELVs are exceeded make available to the services of a register medical practitioner to carry out a medical examination?

Do we ensure that a health record in respect of each employee who undergoes health surveillance is made, maintained and that the record or a copy of it is kept available to permit appropriate access at a later date, taking into account confidentiality concerns?

As an employer do we:

- On request allow employees access to their personal health records?
- Provide the HSA, or persons designated in writing by the HSA with copies of health records required by the Authority?
- Provide the registered medial practitioner, under whose responsibility an employee receives health surveillance, with the results of risk assessments relevant to the health surveillance?
- If we cease to trade, have we notified the HSA and make available to them all records kept by us?



When health surveillance shows that an employee is found to have an identifiable illness or adverse health effect, which in the opinion of the registered medical practitioner is the result of exposure at work to electromagnetic fields have we:

- Reviewed the risk assessment?
- Reviewed the measures to reduce or eliminate risk?
- Taken account of the advice of the registered medical practitioner, competent person or the HSA, in implementing measures to eliminate or reduce risk?
- Arranged continued health surveillance and provided for the review of the health status of any employee who has been similarly exposed?

Taken account of the recommendations of the registered medical practitioner or other competent person regarding further medical examination?

### **9.Extractive industries – surface or underground**

#### **Extractive Industries Regulations 1997, reg 6**

Note: Extractive industries mean a surface or underground extractive industry or an extractive industry drilling onshore or offshore.

Is health surveillance made available to employees before they are assigned to work in the extractive industry, and at regular intervals thereafter?

### **10.Manual handling**

#### **General Application (Manual Handling) Regulations 2007, reg 69(c)(iv)**

When carrying out health surveillance in relation to the manual handling of loads by employees, have we taken account of the appropriate risk factors set out in schedule 3 of the Regulations? e.g., characteristics of the load, physical effort required, the work environment, the activity and individual risk factors.

### **11.Night and shiftwork**

#### **General Application (Night Work and Shift Work) Regulations 2007, reg 157**

Before employing a person as a night worker, have we made available to him/her a health assessment (free of charge) by a registered medical practitioner or a person under the practitioner's supervision, in relation to any adverse effect of night work on his/her health?

Do we make available, at regular intervals, health assessments to persons doing nightwork?

*Note: A health assessment can start with a health questionnaire offered to the employee by an occupational health professional. It checks for any health conditions, and the health history of the individual. Further information on this health assessment is available on the HSA's 'Guidance for Employers and Employees on Night and Shift Work' document available at <https://tinyurl.com/numhj8vd>.*

## **12.Noise**

### **General Application (Control of Noise at Work) Regulations SI299/2007, reg 131 (as amended by the General Application Amendment Regulations, SI 732/2007, reg2**

Where a risk assessment under reg 124 reveals a risk to health because of noise levels, have we made health surveillance available to employees affected?

Where exposure exceeds an upper exposure action value, have we made available to employees the services of a registered medical practitioner to carry out a hearing check? e.g., a hearing check can include taking medical history, an examination and an audiometric screening test. The purpose of the hearing check is to detect hearing loss at an early stage.

Where the exposure exceeds a lower action value, have we made available preventive audiometric testing? e.g., audiometric testing involved audiometric screen testing only although many employers will choose to perform 'hearing checks' on all noise exposed employees. For more information refer to HSA Guidelines on Hearing Checks and Audiometry under the Safety, Health and Welfare at Work (General Application) Regulations 2007, Control of Noise at Work link <https://tinyurl.com/msfcnth9>

If, as a result of surveillance, an employee is found to have identifiable hearing damage have we ensured that a registered medical practitioner has assessed whether such damage is likely to be the result of exposure at work?

If it is found to be the result of work, has the employee been informed of the result by the registered medical practitioner?

As the employer have we:

- Reviewed the risk assessment carried out under section 124?
- Reviewed the measures taken to eliminate or reduce the risks in accordance with regulation 125?
- Taken into account the advice of the registered medical practitioner, other suitably qualified person or the HSA, including the possibility of assigning the employee to alternative work where there is no risk of further exposure?
- Arranged systematic health surveillance and provided for the review of other employees who might be similarly exposed?

- Ensured a health record of employees who have undergone health surveillance is made and maintained?
- Ensured the record or a copy is kept available to permit (taking into account confidentiality) access at a later date?

As an employer have we systems that:

- Facilitate an employee to have access to his/her medical records?
- Facilitate the provision of health records to the HSA?
- Remind us, if we cease trading to notify the HSA and make health records available to the Authority?

### **13.Pregnant, postnatal and breastfeeding**

#### **General Application (Protection of Pregnant, Post Natal and Breastfeeding Employees) Regulations 2007, regs 149-151**

*Note: While employers are not required to provide health surveillance under the Protection of Pregnant Employees Regulations, they are required to take actions to protect the health of pregnant, post-natal and breastfeeding employees from risks including physical agents, biological agents, chemical agents and risks listed in schedule 8 of SI 299/2007.*

- Have we assessed the risk to the safety and health of such employees?
- Where the risk assessment reveals a risk and it is not possible to ensure the safety and health of the employee through protective or preventative measures, can we adjust temporarily the working conditions or work hours, or if that is not feasible provide alternative work which will not present a risk?
- If a registered medical practitioner certifies that such an employee should not be required to perform night work, can we transfer her to daytime work?

### **14.Quarries**

#### **Quarries Regulations 2008, reg 63 by SI 9/2013**

Where health surveillance is made available to quarry workers, the employer shall ensure it is made available before the workers are assigned to particular work activities. Have we done so?

**15. Radiological Protection (ionising radiation)****SI No.125/2000 - Radiological Protection Act, 1991 (Ionising Radiation), Order, 2000**

*Note: This order applies to all practice which involve a risk from ionising radiation emanating from an artificial source, or from a natural radiation source in cases where natural radionuclides are being or have been processed in view of their radioactive, fissile or fertile properties e.g., radioactive substances, nuclear devices, industrial radiography. This order does not apply to exposure to radon in dwellings.*

Have we appointed a registered medical practitioner to carry out medical surveillance of each worker (classified as category A workers)?

*Note: The medical surveillance is based on the principles of occupational medicine and must allow for ascertaining the state of health of workers under surveillance as regards their fitness for the tasks assigned to them. Category A worker means an exposed worker designated as such under article 18(2) e.g., includes an exposed worker who receives an effective dose greater than 6 mSv in 12 months, or an equivalent greater than three tenths of the dose limits for the lens of the eye, skin, hands, forearms, feet and ankles.*

- Have we provided the medical practitioner with access to information and records that he or she may require, including information and records with regard to the environmental conditions in the work premises?
- Does the medical surveillance include a medical examination prior to the worker classification as type A?
- Is there periodic reviews of the worker's health at least once a year, or as considered necessary by the medical practitioner?
- If the approved medical practitioner indicates the need for surveillance, it should be continued for a period after the worker has ceased employment or retained by the undertaking as the approved medical practitioner specifies. Do we do this?
- Medical classifications for Category A workers includes fit, fit subject to certain conditions, and unfit. Do we follow these classifications when assigning workers to particular posts?
- Do we ensure health records are kept up to date for each worker, until the worker has reached 75 years of age, or after 50 years after the worker has ceased exposure?
- Do we provide medical surveillance for apprentices and students who have received doses in excess of the dose limits in schedule 2 ? e.g., 20 mSv in a period of 12 months.

**16.Risk assessment**

**Safety, Health and Welfare at Work Act 2005, section 22**

Have we ensured that health surveillance appropriate to the risks to safety, health and welfare at the place of work identified by a risk assessment is made available to employees?

**17.Vibration**

**General Application (Control of Vibration at Work) Regulations 2007, reg 141**

Note: The purpose of health surveillance under this regulation is to prevent or diagnose rapidly any disorder linked to mechanical vibration.

Where a risk assessment under reg 136 reveals a risk to health because exposure to mechanical vibration in excess of an exposure limit value, have we made health surveillance available to employees affected?

As an employer do we ensure that:

- The results of health surveillance are taken in to account in the application of preventative measures at the place of work?
- A health record of employees who undergo health surveillance is made and maintained?
- The health record of each employee is available to permit (taking account of confidentiality) access at a later date?
- An employee can have access to his/her personal health records?
- If the HSA requires copies of the records, can they be made available?

Where an employee is found to have an identifiable illness or adverse health effect, which in the opinion of a registered medical practitioner is the result of exposure to mechanical vibration, have we:

- Reviewed the risk assessment carried out under regulation 136?
- Reviewed the measures to eliminate or reduce the risk?
- Taken account of the advice of the registered medical practitioner or relevant competent person, or HSA inspector on measures required to eliminate or reduce risk, including the possibility of assigning the employee to alternative work where there is no risk of further exposure?
- Arranged continued health surveillance and provided for a review of the health status of any employee who had been similarly exposed?
- Taken account of the recommendations of the registered medical practitioner or relevant competent person regarding further medical examination?