



# Health and Safety

## Occupational Health – Assessment and Surveillance

### Minimum Standard

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<b>Author/s</b>	Lee McGurty
<b>Approver</b>	ELT Operating Committee
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## **1 Aims and Principles**

The aim of this Government of Jersey (GoJ) Minimum Standard is to provide guidance on the arrangements departments should have in place to ensure occupational health assessments and surveillance are carried out as required to ensure the health of employees.

Health assessments and/or health surveillance are required where the working activities pose a potential risk to the health of employees or the health of an employee could increase the risk to them.

Departments which carry out these types of activities should develop their own procedures for ensuring that assessments and monitoring are carried out as recommended by the GoJ Occupational Health Service Provider.

The procedures must include the standards set out in this document or be of an equivalent or higher standard.

## **2 Legislation and Guidance**

### **a) Applicable Legislation**

Health and Safety at Work (Jersey) Law, 1989

### **b) Guidance**

My States - Occupational Health

Health Surveillance guidance- UK HSE

Industry Specific Guidance – UK HSE

## **3 Union Guidance**

Unite the Union (Unite) provides the following guidance to employers in relation to health surveillance.

Employers should consider the value of health surveillance procedures when an assessment of the work shows the following criteria apply:

- a) There is an identifiable disease or adverse health conditions related to the work concerned
- b) valid techniques are available to detect indications of the disease or condition
- c) there is a reasonable likelihood that the disease or condition may occur under the

- pertaining conditions of work; and
- d) surveillance is likely to further the protection of the health of the employees concerned.

The primary benefit and therefore the objective, of health surveillance should be to detect health effects at an early stage, thereby enabling further harm to be prevented.

#### **4 Definitions**

##### **Occupational Health Service Provider**

For details of the current GoJ Occupational Health Service Provider and the services available, visit My States – Occupational Health.

##### **Health Assessment (Fitness to Work Assessment)**

A pre-employment or during employment assessment carried out to ensure that the employee is fit for the role or remains fit to work in the role and will not be placed at risk due to any medical issues.

##### **Health Surveillance**

Monitoring of employees to ensure that their health is not being affected by their working activities and to confirm that the measures implemented by the GoJ to protect the health of employees are adequate.

##### **Vaccination**

Inoculation with a vaccine in order to protect against a particular disease. Usually administered by injection but can be nasal or oral.

#### **5 Who this Minimum Standard Applies to**

Applies to:

- Government of Jersey (GoJ) and States' employees
- Voluntary staff or those on honorary contracts where there is no implied contract of employment

Where those persons manage or carry out work activities which pose a risk to health.

#### **6 Links to other GoJ Policies, Minimum Standards and Guidance**

##### **a) Policies**

Government of Jersey - Health and Safety Policy

## b) GoJ Minimum Standards

Confined Spaces

COSHH including Biological Hazards

Ionising Radiation

Managing Exposure to Noise

Managing Exposure to Vibration

Working at Height

Workplace Transport

## c) Other Internal Guidance

Further guidance may be available from other departments carrying out this type of work.

For assistance with preparing internal procedures, contact should be made with your departmental Health and Safety Manager/Adviser “Professional”.

## 7 Roles and Responsibilities

The department's procedures for ensuring that health assessments and health surveillance take place must clearly set out the roles and responsibilities of all those individuals involved in managing and facilitating the process.

Reference should be made to the Government of Jersey Health and Safety Policy for general responsibilities.

## 8 Overview

Some of the activities undertaken by employees of GoJ require health assessments (fitness to work assessments) of employees to be undertaken and/or ongoing surveillance of their health.

GoJ has arrangements in place to ensure that occupational health services are provided to it by an Occupational Health Service Provider.

Carrying out health assessments to ensure employees or potential employees are fit to work in certain roles is vital in making sure that those persons are suitable for the job and will not be placed at any unnecessary risk to their health.

Ongoing surveillance of the health of employees who undertake roles which pose risks to their health ensures that any early warning signs that they are being adversely affected are detected. It also provides confirmation to the GoJ that the existing control measures are protecting the health of its employees adequately.

## **9 Health Assessments (Fit to Work Assessments)**

This is a medical assessment undertaken to ensure an employee has no medical conditions that could affect their ability to carry out their job safely. The checks are normally identified in legislation or approved codes of practice as detailed in Appendix A. Reference is made to UK standards where no Jersey standards exist.

Examples include:

- Driving for work (HGV / Minibus / Fork Lift)
- Working in confined spaces / use of breathing apparatus
- Diving
- Working at height

The components of the assessment are detailed in the Occupational Health Service Provider's Standard Medical Matrix which is in Appendix C.

The assessment will initially be carried out as part of the pre-employment screening process by the Occupational Health Service Provider (OHSP).

Further assessments then take place at periods prescribed by the OHSP, which will be determined using legal and/or industry standards as set out in Appendix A.

Any medical issues raised by the health assessment during employment will be dealt with on a case-by-case basis by the Occupational Health Service Provider and the Line Manager.

## **10 Health Surveillance**

The primary aim of health surveillance is to enable the early identification of work-related ill health and to prevent any further harm from being caused. It also helps employers to identify any interventions needed in the workplace to further reduce risk to protect employees.

Health surveillance may be required through legislation or approved codes of practice (see Appendix A) or where employees are exposed to significant hazards clearly identified in risk assessments.

Health surveillance is used for:

- Detecting as early as possible diseases or adverse health effects that may be work-related e.g. exposure to physical hazards such as noise, vibration, hazardous chemical substances, or biological agents
- Helping to check the effectiveness of the existing safety measures used to control hazards in the workplace

- Employees to raise concerns about how work might be affecting their health

Health surveillance includes, for example, hearing checks, lung function tests and skin checks.

Individuals will be required to attend an initial assessment. Re-assessments will depend on the outcome of their initial assessment and frequency of exposure to potential hazards.

Individuals do not need to wait until they receive a scheduled health surveillance appointment but can request an earlier appointment through their Line Manager.

Where, as a result of health surveillance, an employee is found to have ill-health symptoms or an identifiable disease related to the work they carry out, the individual may be referred to the Occupational Health Service Provider. In this instance, the following measures shall apply:

- The Occupational Health Service Provider will inform the employee accordingly and provide the Line Manager with non-confidential information and advice regarding further control measures in the workplace or additional health surveillance required.
- The relevant risk assessment will be reviewed by the H&S Manager / Advisor, in conjunction with the Line Manager to check its continued suitability. This will include a check of the suitability of any personal protective equipment being used and the level of training being given.
- If necessary, reasonable adjustments will be considered to reduce further risk to health or to assign the employee to alternative work where there is no risk of further exposure to that particular hazard. Any changes will take into account any advice given by a relevant doctor or the Occupational Health Service Provider.
- Other employees carrying out the same role will be reviewed to determine if any similar health issues have arisen, if a review of the risk assessment identifies this as necessary.

Line managers will ensure employees are aware of and understand the reason for any health surveillance and clarify any concerns around medical confidentiality.

If an employee fails to attend health surveillance appointments the Line Manager must review any concerns raised by the employee and if required the H&S Manager/Advisor should be involved.

## 11 Immunisation

Vaccines can be used to protect persons against disease but are considered to be the last option. They should only be offered when it is not reasonably practicable to control the risk by other means.

Departments must assess the risks and where the risk of infection cannot be mitigated,

vaccinations should be offered to employees using the protocols indicated in the Green Book [Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/immunisation-against-infectious-diseases).

Records of vaccination must be kept to confirm that the vaccine was offered and whether it was accepted or declined.

## **12 Medical Information and Confidentiality**

Any medical information, including pre-employment questionnaires, are held securely by the Occupational Health Service Provider under medical confidentiality and data protection requirements. The information will not be shared with the employer unless the employee provides written consent to allow the information to be shared.

The Line Manager will be given a record of the health surveillance taking place and where appropriate this will include fitness to work and recommendations in relation to possible workplace adjustments or personal protective equipment which may be required. No personal medical information will be included.

## **13 Retention of Records**

Individual health records need to be kept whilst the employee is under the health surveillance programme. Certain UK regulations, which are adopted for the purposes of this Minimum Standard e.g. Coshh and Asbestos at Work, require records to be maintained for up to 40 years due to the latent health effects which can be caused by the hazard.

## **14 Compliance with health assessment/health surveillance**

Where an employee fails to participate in a health assessment or health surveillance as prescribed by the Occupational Health Service Provider for their role, the employee's health will be considered to be having a demonstrable impact on service delivery.

As a result of this, the employee may be suspended on medical grounds *with pay for a maximum period of 6 weeks*.

After this period if the employee still refuses to attend occupational health for the purposes of health assessment or surveillance, disciplinary action may be taken.

## Appendix A

### Statutory Requirements and other Standards to which the GoJ subscribes

The list reflects the most common types of health surveillance and fitness to work assessments. Consult with your H&S Advisor if there are any health hazards in your workplace which are not listed.

Fitness to Work Assessments		
Activity	Reference Standard	Ref Section
Fork Lift Trucks	The safe use of rider operated lift trucks (Jersey ACoP6)	Selection and authorisation of operatives
Ionising Radiation	Work with Ionising Radiation. (Jersey ACoP2 )	Designation of classified persons
Vocational Drivers	Minimum Standard Occupation Health – Assessment and Surveillance	Appendix B
Firefighter Fire Service	National Fire Chiefs Council – Guidance on Fitness Standards	
Police Service	College of Policing Fitness Standards	
Prison Service	PSO – Staff Fitness Strategy	
Working at height	Working at Height Regulations 2005 (UK)	Suitability for work at height
Confined Space working with/without breathing apparatus	Safe Work in Confined Spaces ACoP L101 (UK)	Suitability for work in confined spaces
Self-Contained Breathing Apparatus (exc. Firefighters)	Legislation depends upon specific hazard, e.g. ionising radiation, asbestos.	General use of RPE and medical conditions

Diving	Commercial Diving projects inland / inshore UK ACoPs L103/104	Duties and restrictions on divers
Night Worker	Working Time Directive. <a href="#">Night working hours - GOV.UK (www.gov.uk)</a>	Suitability for night work

## Health Surveillance

Hazard	Document	Ref Section
Hazardous substances, biological agents and hazardous products from work activities	Control of Substances Hazardous to Health (UK ACoP L5)	When health surveillance is appropriate
Asbestos	Management of Exposure to Asbestos in Workplace Buildings and Structures (Jersey ACoP8)	Licensed workers only <b>(GoJ policy currently does not allow for employees to work with licensed materials)</b>
Ionising Radiation	Work with Ionising Radiation. (Jersey ACoP2)	Medical surveillance
Noise	Control of Noise at Work INDG362 (UK)	Employees liable to exceed the action levels
Vibration	Control of Vibration at Work L140 (UK)	Employee exposed above the first action level
Lead	Control of Lead at Work L132 (UK)	Significant exposure

## Appendix B

### Vocational drivers' medicals

Note: This section does **not** apply to drivers of private or lease cars.

In addition to the existing statutory requirements for drivers of Heavy Goods Vehicles (Jersey licence category C) to have an HGV driver's medical, the following groups of drivers will require a vocational driver's medical ***if they use that license category as part of their employment for the GoJ.***

1. Medium goods 3.5 - 7.5Tonnes (Cat C1)
2. Minibus and small passenger vehicles 9 – 16 seats (Cat D1)
3. Fork Lift Trucks
4. Any other heavy plant or vehicles as determined by risk assessment i.e. heavy plant operating in public areas such as recycling facilities.

The frequency of assessments will be upon employment, at the age of 45 and then 5 yearly until the age of 65, followed by annual assessments (see Appendix C).

If an employee begins driving any of the vehicles identified above part way through their employment, a vocational driver's medical is required. Any requirement for additional vocational driver's medicals after a period of illness will be decided by the Occupational Health Service Provider and dealt with on a case by case basis.

Where the requirement for a vocational medical is not a statutory requirement, employees not meeting the standards will be assessed on an individual basis by the Occupational Health Service Provider, taking into account the individual, the nature of the condition and the type of driving required.

Managers must ensure vocational drivers are referred to the Occupational Health Service Provider if there are any changes to their health which may affect their driving ability.

## Appendix C

# AXA Standard Medical Matrix

Issued April 2020



Fitness for Work Assessments						
Health Need	Assessment Components	Duration of Assessment	OHA / OHP*	Report	Legislation	AXA Standard frequency of recall
Airside Driver	<ul style="list-style-type: none"> <li>• Health Questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, pulse</li> <li>• Audiometry</li> <li>• Otoscopic examination</li> <li>• Urine test</li> <li>• Visual acuity</li> <li>• Cardiovascular examination</li> <li>• Mobility check</li> </ul>	75 Minutes (45 Minutes OHA, 30 Minutes OHP, both face to face)	OHA OHP	HS-Individual Health Record		This will depend on the relevant Airport rules/regulations where staff will be driving.
Breathing Apparatus (Respirator)	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, pulse</li> <li>• Urine test</li> <li>• Lung function</li> <li>• Visual acuity</li> <li>• Chester Step test</li> <li>• Mobility check</li> </ul>	60 Minutes	OHA	HS-Individual Health Record	Legislation depends upon specific hazard, e.g. ionising radiation, asbestos.	1 year
Confined Space (With Breathing Apparatus)	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, pulse</li> <li>• Urine test</li> <li>• Lung function</li> <li>• Visual acuity</li> <li>• Chester Step test</li> <li>• Whisper test examination</li> <li>• Mobility check</li> </ul>	75 Minutes	OHA	HS-Individual Health Record	Confined spaces regulations	1 year

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Health Need	Assessment Components	Duration of Assessment	OHA / OHP*	Report	Legislation	AXA Standard frequency of recall
Confined Space (Without Breathing Apparatus)	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, pulse</li> <li>• Urine test</li> <li>• Lung function</li> <li>• Visual acuity</li> <li>• Mobility check</li> <li>• Whisper test</li> </ul>	45 Minutes	OHA	HS-Individual Health Record	Confined spaces regulations	2 years
Firefighter	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, pulse</li> <li>• Urine test</li> <li>• Lung function</li> <li>• Visual acuity</li> <li>• Audiometry</li> <li>• Otoscopic examination</li> <li>• Chester Step test</li> <li>• Mobility check</li> <li>• Skin check</li> </ul>	<b>Baseline</b> 90 Minutes 30 Minutes	<b>Baseline</b> OHA / OHP	HS-Individual Health Record		18-45: 3 years 45-55: 2 years 55+: 1 year
Food Handlers	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Visual skin inspection</li> </ul>	15 Minutes	OHA	New starter advice letter HS-Individual Health Record	Food Hygiene (England Reg. 2005)	Annual

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Health Need	Assessment Components	Duration of Assessment	OHA / OHP*	Report	Legislation	AXA Standard frequency of recall
Fork Lift Truck – DVLA group 1 or group 2 as per company risk assessment	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, pulse</li> <li>• Vision testing</li> <li>• Whisper test</li> <li>• Mobility check</li> <li>• Audiometry (if exposed to noise)</li> </ul>	30 Minutes or 45 if Audio required	OHA	HS-Individual Health Record	HSG 6 Guidance	Prior to initial training  From 45: 5 yearly medical From 65: yearly
Occupational Vision test – please advise your requirements e.g.: NDT, runway crossing	<ul style="list-style-type: none"> <li>• Vision questionnaire</li> <li>• Vision testing – acuity and fields</li> <li>• Colour vision</li> <li>• Additional types of eye check depending on task/employer protocol. For example - NDT</li> </ul>	15mins + time for any additional checks requested by company protocol	OHA	HS-Individual Health Record	As per company requirement	As per employer (duty holder) protocol
Night Worker (working time directive medical screening)	<ul style="list-style-type: none"> <li>• Health questionnaire</li> </ul>	15 minutes	Remote OHA	HS-Individual Health Record		Pre-placement and annual
Vocational driving (Group 1)	<ul style="list-style-type: none"> <li>• Driver questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, pulse</li> <li>• Visual acuity</li> <li>• Mobility check</li> </ul>	45 minutes	OHA	HS-Individual Health Record	DVLA standards	1 year

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Health Need	Assessment Components	Duration of Assessment	OHA / OHP*	Report	Legislation	AXA Standard frequency of recall
Working at Heights Level 1 (Low risk)	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, Pulse</li> <li>• Mobility and balance assessment</li> <li>• Vision</li> </ul>	30 minutes	OHA	HS-Individual Health Record	Working at Height Regulations 2005	<ul style="list-style-type: none"> <li>• Prior to task</li> <li>• 5 yearly (unless client contract / service agreement / risk assessment states otherwise)</li> </ul>
Working at Heights Level 2 (Medium risk)	<ul style="list-style-type: none"> <li>• Health Questionnaire</li> <li>• Height, Weight, BMI</li> <li>• Blood Pressure, Pulse,</li> <li>• Mobility and balance assessment</li> <li>• Vision</li> <li>• Urinalysis</li> <li>• Otoscopy</li> <li>• Grip Strength</li> <li>• Lung Function</li> </ul>	45 minutes	OHA	HS-Individual Health Record	Working at Height Regulations 2005	<ul style="list-style-type: none"> <li>• Prior to task.</li> <li>• 3 yearly (unless client contract / service agreement / risk assessment states otherwise)</li> </ul>
Working at Heights Level 3 (High risk)	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Height, weight, BMI</li> <li>• Blood pressure, pulse</li> <li>• Mobility &amp; balance assessment</li> <li>• Vision</li> <li>• Urinalysis</li> <li>• Otoscopy</li> <li>• Grip strength</li> <li>• Lung Function</li> <li>• Chester Step test</li> </ul>	1 Hour 15 minutes	OHA	HS-Individual Health Record	Working at Height Regulations 2005	<ul style="list-style-type: none"> <li>• Prior to task.</li> <li>• 2 yearly (unless client contract / service agreement / risk assessment states otherwise)</li> </ul>

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Health Need	Assessment Components	Duration of Assessment	OHA / OHP*	Report	Legislation	AXA Standard frequency of recall
Chromium (Chrome VI)	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Skin and nasal inspection</li> <li>• Urine sample</li> <li>• Lung function</li> </ul>	30 Minutes	OHA/OHP OHP	HS-Individual Health Record	Control of Substances Hazardous to Health Regulations (COSHH) 2002/Best practice guidance	Annual as minimum, may be more depending on results
Hand-Arm Vibration Syndrome (HAVS) Tier 1	<ul style="list-style-type: none"> <li>• HAVS Tier 1 Questionnaire</li> </ul>	15 minutes	OHA	HS-Individual Health Record	Control of Vibration at Work Regulations 2005	HAVS 1 = Baseline
Hand-Arm Vibration Syndrome (HAVS) Tier 2	<ul style="list-style-type: none"> <li>• HAVS Tier 2 Questionnaire</li> </ul>	15 minutes	OHA	HS-Individual Health Record	Control of Vibration at Work Regulations 2005	HAVS 2 = Annual If newly exposed then recall in 6 months.
Hand-Arm Vibration Syndrome (HAVS) Tier 3	<ul style="list-style-type: none"> <li>• HAVS Tier 3 Questionnaire</li> <li>• Blood pressure</li> <li>• Pulse</li> <li>• Peg board</li> <li>• Monofilament test</li> <li>• Grip strength meter</li> </ul>	45 minutes	OHA	HS-Individual Health Record	Control of Vibration at Work Regulations 2005	As clinically indicated
Hand-Arm Vibration Syndrome (HAVS) Tier 4	<ul style="list-style-type: none"> <li>• Physician consultation</li> <li>• HAVS Tier 4 Questionnaire</li> </ul>	60 minutes	OHP	Management Advice report  HS-Individual Health Record	Control of Vibration at Work Regulations 2005	As clinically indicated. Review advice will be given in the doctors report
Isocyanates	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Lung function</li> <li>• Skin inspection</li> <li>• Urine sample</li> </ul>	30 minutes	OHA	HS-Individual Health Record	COSHH (2002) / Best practice guidance	Annual as minimum, may be more depending on results
Lead – Sample taking, before sees OH doctor	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Blood sample</li> <li>• Urine sample</li> </ul>	15 minutes	OHA	Lab report	Control of Lead at Work Regulations (CLAW) 2002	Annual as minimum, may be more depending on results

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Health Need	Assessment Components	Duration of Assessment	OHT/OHA /OHP*	Report	Legislation	AXA Standard frequency of recall
Lead Appointed Doctor review	<ul style="list-style-type: none"> <li>• Consultation</li> </ul>	45 minutes	OHP	HS-Individual Health Record	Control of Lead at Work Regulations (CLAW) 2002	Annual as minimum, may be more depending on results
Noise – Audiometry	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Otoscopic examination</li> <li>• Audiometry</li> </ul>	20 minutes	OHA	HS-Individual Health Record	Noise at work 2005	Annual for the first 2 years then 3 yearly. Unless sooner indicated on clinical grounds
Respiratory – Lung function	<ul style="list-style-type: none"> <li>• Health questionnaire</li> <li>• Height</li> <li>• Blood pressure</li> <li>• Lung function test</li> </ul>	20 minutes	OHA	HS-Individual Health Record	COSHH (2002) / Best practice guidance	<p>Baseline = questionnaire and lung function</p> <p>6 weeks = questionnaire review</p> <p>12 weeks = questionnaire review</p> <p>Annual thereafter* = questionnaire and lung function test</p> <p>*Unless sooner indicated on clinical grounds</p>

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Health Need	Assessment Components	Duration of Assessment	OHT/OHA /OHP*	Report	Legislation	AXA Standard frequency of recall
Skin	<ul style="list-style-type: none"><li>• Health questionnaire</li><li>• Visual skin inspection</li></ul>	10 minutes	OHA	HS-Individual Health Record	COSHH (2002)	Annual
Welding or metal fumes exposure	<ul style="list-style-type: none"><li>• Lung function</li><li>• Urinalysis</li><li>• Skin</li><li>• Pneumococcal Vaccination *</li></ul> <p>*This aspect can be set up in a number of ways.</p>	30 minutes	OHA	HS-Individual Health Record	UK Best practice, HSE guidance & DoH green vaccination book	Annual Vaccination frequency as per Dept Health advice.

\* OHA = Occupational Health Advisor, OHP = Occupational Health Physician.

For all assessments if the employee being assessed has relevant underlying health conditions, then assessments may be advised more frequently to monitor stability of these.

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