

# Health and medical surveillance during the COVID-19 outbreak

## Guidance for occupational health providers, appointed doctors and employers

In the light of advice from Public Health England on COVID-19, HSE issued guidance on 20 March 2020, setting out a proportionate and flexible approach to enable health and medical surveillance to continue. The advice set out below, updates that guidance. It continues to balance the need to protect the health, safety and welfare of workers and the current constraints presented by the COVID-19 outbreak.

The guidance takes effect from 5 June 2020. HSE will continue to review it as appropriate.

## Control of Substances Hazardous to Health Regulations 2002 (COSHH)

For periodic health surveillance under COSHH regulation 11, occupational health professionals can administer an appropriate health questionnaire (eg respiratory) remotely. For periodic medical surveillance under COSHH Schedule 6, appointed doctors can conduct a telephone consultation. In either case, if there are no problems, they can defer a full assessment for up to 6 months. If there are problems, they can assess the individual further by telephone consultation or, if appropriate, video consultation (eg to check for signs of dermatitis) and decide if a face to face examination is justified. If it is **(a face to face medical examination should only be necessary in exceptional circumstances and would not require spirometry)**, they should undertake a suitable and sufficient risk assessment and put in place appropriate controls, taking into account PHE advice on COVID-19.

For those workers who previously had no problems and, on that basis, had a full assessment deferred for 3 months in accordance with HSE guidance issued on 20 March 2020, the occupational health professional/ appointed doctor can further defer a full assessment for up to 3 months without reviewing the worker again.

For initial assessment of new workers, the occupational health professional/ appointed doctor can follow the guidance above for periodic health surveillance. If there are no problems, they can defer a full assessment for up to 6 months.

## Control of Asbestos Regulations 2012 (CAR)

For periodic medical surveillance under CAR, appointed doctors can establish that workers carrying out licensed work with asbestos have no significant symptoms by administering a respiratory symptom questionnaire remotely. If there are no problems, they can issue a new medical certificate for up to 6 months, ensuring it clearly states for how long it is valid. If there are problems, they can assess them further by telephone consultation and decide if a face to face examination is justified. If it is **(a face to face medical examination should only be necessary in exceptional circumstances and would not require spirometry)**, they should undertake a suitable and sufficient risk assessment and put in place appropriate controls, taking into account PHE advice on COVID-19.

For those workers who previously had no problems and, on that basis, had a full assessment deferred for 3 months in accordance with HSE guidance issued on 20 March 2020, the appointed doctor can further defer a full assessment for up to 3 months without reviewing the worker again. They should issue a new medical certificate, ensuring it clearly states for how long it is valid.

For initial assessment of new workers, the appointed doctor can follow the guidance above for periodic health surveillance. If there are no problems, they can issue a medical certificate for up to 6 months, ensuring it clearly states for how long it is valid.

Doctors can follow the same approach for assessing workers who are carrying out non-licensed work with asbestos.

## Ionising Radiations Regulations 2017 (IRR)

For periodic medical surveillance of classified persons, the appointed doctor can conduct a paper review. For high risk radiation workers such as industrial radiographers, or those classified persons at the end of the 5-year cycle where a face to face review is planned, they can carry out a telephone consultation and review the dose records and sickness absence records. If there are no problems, they can defer a face to face review for up to 6 months. If there are problems, they can decide if a face to face review is justified and whether conducting it by video consultation would be appropriate. If the appointed doctor decides they need to conduct a face to face examination, they should make a suitable and sufficient risk assessment and put in place appropriate controls, taking into account PHE advice regarding COVID-19.

For those workers who previously had no problems and, on that basis, had a full assessment deferred for 3 months in accordance with HSE guidance issued on 20 March 2020, the appointed doctor can further defer a face to face review for up to 3 months without reviewing the worker again.

For new workers who have not previously been classified persons, the appointed doctor can assess fitness on a case by case basis, taking account of the type of work to be undertaken and the work environment. They can consider whether enough information could be obtained using video consultation to enable them to adequately assess fitness. If there are no problems, they can defer a full assessment for up to 6 months. If there are problems, they can decide if a face to face examination is justified. If it is, they should make a suitable and sufficient risk assessment and put in place appropriate controls, taking into account PHE advice regarding COVID-19.

For those who have worked previously as a classified person, are returning to work with ionising radiation and have had a face to face review within the last 4 years, the appointed doctor can review their medical records and conduct a telephone consultation. They can check they have not got any new health problems that would affect their fitness to work with ionising radiation. They should then follow a normal pattern of medicals going forward. If the individual has not had a face to face review in the last 4 years, the appointed doctor should follow the guidance above for new workers.

## Control of Lead at Work Regulations 2002 (CLAW)

For periodic medical surveillance under CLAW, appointed doctors can carry out medical assessments by telephone consultation. If there are no problems, they can defer the full assessment for up to 6 months. If there are problems, they can decide if a face to face examination is justified. If it is, they should make a suitable and sufficient risk assessment and put in place appropriate controls, taking into account PHE advice regarding COVID-19. The appointed doctor should obtain blood lead levels at a frequency set out in the ACOP and guidance (L132 - <https://www.hse.gov.uk/pubns/priced/l132.pdf>).

For those workers who previously had no problems and, on that basis, had a full assessment deferred for 3 months in accordance with HSE guidance issued on 20 March 2020, the appointed doctor can further defer the full assessment for up to 3 months without reviewing the worker again. If the worker has not been exposed to lead for several weeks (eg they have

not been in work), the appointed doctor should obtain their blood lead level within 4-6 weeks of resuming work with lead.

For initial assessment of new workers, the appointed doctor can follow the guidance above for periodic medical surveillance and obtain baseline blood lead and haemoglobin levels. They should do this before the individual starts work for the first time with lead, and in any event not later than 14 days after first exposure. If there are no problems, they can defer a full assessment for up to 6 months.

## Control of Noise at Work Regulations 2005

Providing the worker does not identify any relevant problems, the occupational health professional/ audiologist can defer audiometry for up to 6 months. If there is a problem, they can carry out a telephone consultation and decide if a face to face examination is justified. If it is, they should make a suitable and sufficient risk assessment and put in place appropriate controls, taking into account PHE advice regarding COVID-19.

For those workers who previously had audiometry deferred for 3 months in accordance with HSE guidance issued on 20 March 2020, the occupational health professional/ audiologist can further defer audiometry for up to 3 months.

## Control of Vibration at Work Regulations 2005

A tiered approach to health surveillance will apply. Questionnaires can be administered remotely. Where there is a problem, occupational health professionals can carry out a telephone consultation and decide if a face to face examination is justified. If it is, they should make a suitable and sufficient risk assessment and put in place appropriate controls, taking into account PHE advice regarding COVID-19.

## Questions

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5 June 2020