



University of Essex



Health Surveillance Policy

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1. Purpose

Health surveillance is required by Regulation 6 of the Management of Health and Safety at Work Regulations (1999), if a risk assessment identifies that employees are exposed to noise or vibration, solvents, fumes, dusts, biological agents and other substances hazardous to health even after controls have been put in place. This is because control measures may not always be reliable, despite appropriate checking, training and maintenance.

Health Surveillance involves on-going health checks designed to detect ill-health effects from specific identified hazards using a risk assessment process. Workplace Health, Safety and Wellbeing (WHSW) (Occupational Health Advisers and Health and Safety Advisers) work together to support and advise managers in identifying employees exposed to specific health hazards which may have an impact on their health and would therefore require health surveillance.

The employee who undertakes the risk assessment for the work is **responsible** for identifying the need for health surveillance. Advice can be sought from WHSW.

Workplace hazards include noise or vibration, ionising radiation, non-ionising radiation, solvents, fumes, dusts, biological agents and other substances hazardous to health. A specific risk assessment must be used to identify any need for health surveillance.

Health surveillance must not be used as a substitute for undertaking a risk assessment or using effective controls.

Health Surveillance must be conducted when:

- An employee is exposed to a hazardous substance which is linked to an identifiable disease or other identifiable adverse health outcome
- There is a likelihood that the disease or health effect may occur under the conditions of work
- There are valid techniques for detecting indications of the disease or health effects

At the University of Essex health surveillance is likely to be required when there is a likelihood of exposure to:

- Carcinogens—in practice valid tests and techniques do not exist but a health record is needed
- Sensitisers, such as substances that may cause occupational asthma, e.g. minerals, oils, wood dust, solder fumes, chemicals, biological agents.
- Substances that may cause dermatitis, e.g. latex
- Noise and vibration
- Substances with systemic toxicity such as lead, arsenic and mercury

- Radiation

Hazardous substances which may require health surveillance

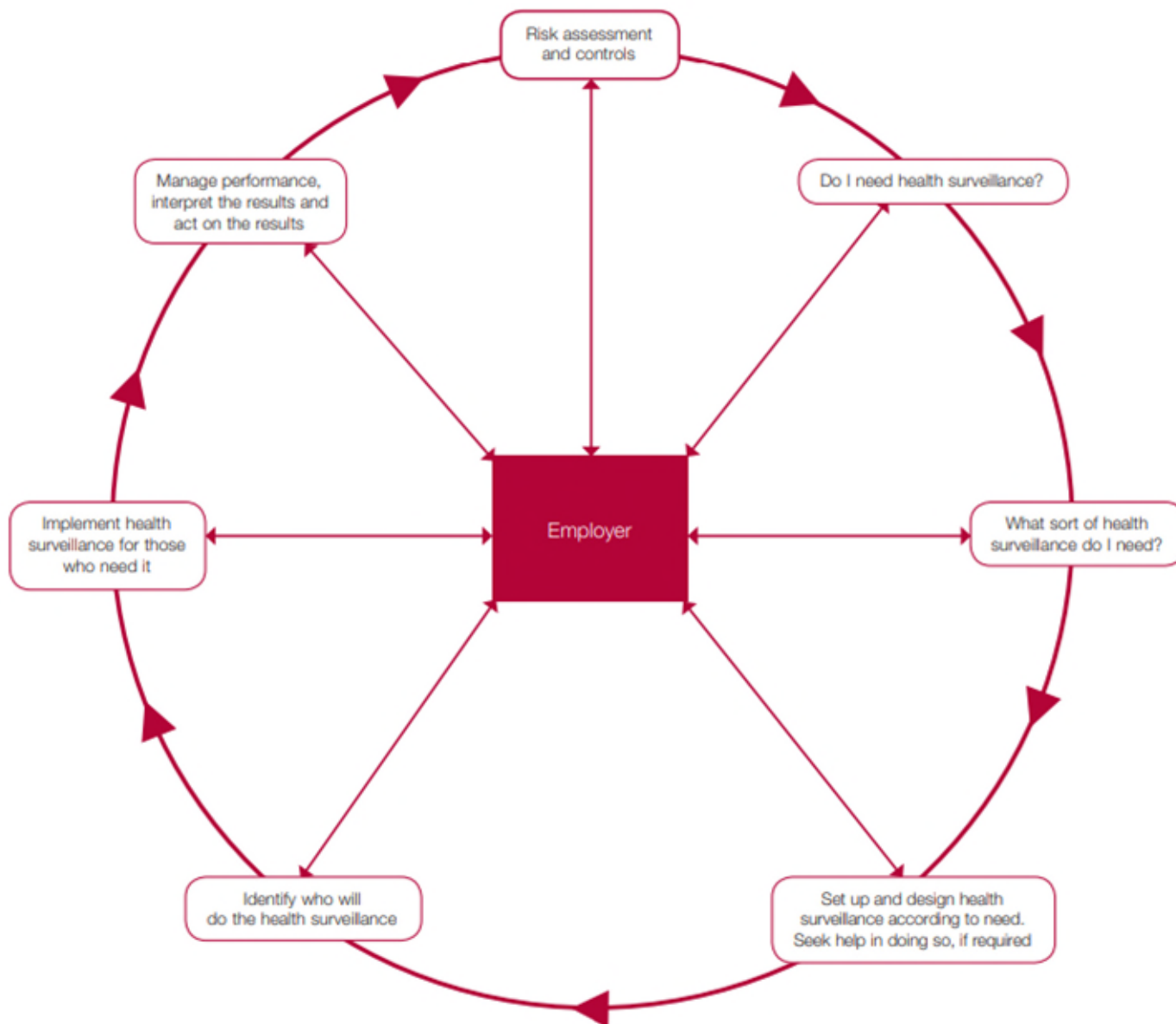
Substance	Comment
<p>Respiratory Sensitisers:</p> <p>Respiratory sensitisers, are substances that, when inhaled, can cause an allergic reaction in the respiratory system leading to occupational asthma</p>	<p>Respiratory sensitisers may require health surveillance as it is often impossible to ensure control to a level at which there is no risk of sensitisation.</p>
<p>Small laboratory animals or insects</p>	<p>Health surveillance is likely for any recurring work with live animals or handling of waste, unless the process is fully contained. Work purely with extracted tissue poses no risk of sensitisation and does not require surveillance.</p>
<p>Sensitising small molecules</p>	<p>Reactive small molecules such as isocyanates, glutaraldehyde; acid anhydrides are associated with a high level of sensitisation.</p>
<p>Sensitising macromolecules</p>	<p>Two particular macromolecules used in scientific research – enzymes and penicillins – are associated with respiratory sensitisation.</p>
<p>Other</p>	<p>Flour/grain dust, wood dusts, soldering flux, latex, some glues, resins</p>
<p>Skin sensitisers</p>	<p>Certain skin sensitisers may require health surveillance as sensitisation may occur at low levels of exposure</p> <p>Skin irritants: Lab chemicals, solvents, cleaning materials and disinfectants can all cause skin irritation. It is unlikely that the level of exposure in scientific research will cause sufficient problems to require health surveillance. For employees working with metalworking fluids: skin surveillance is recommended.</p>
<p>Wet Work</p>	<p>Wet work is a term used to describe prolonged or frequent contact with water (particularly with soaps, cleaners and other chemicals). Wet work can cause</p>

Substance	Comment
	the skin to over-hydrate. It is the leading cause of Irritant Contact Dermatitis but often goes unrecognised. (Prolonged contact - more than 2 hours, or more than 20-40 hand washes a day).
Sensitising small molecules	Particularly with halogenated electrophilic agents such as dinitrochlorobenzene and p-nitrobenzyl bromide
Sensitising macromolecules	Sensitivity to latex can cause serious problems and always requires health surveillance
Biological Agents	Provide employees with immunisations if their role has an increased risk of exposure to vaccine preventable infections. Health surveillance for biological risks (as strictly defined) may not be appropriate. The circumstances where it may be useful could be where the agent causes serious disease with an insidious onset for which there is effective treatment available e.g. Tuberculosis. For many infections, a high level of personal vigilance by workers is appropriate so that prompt medical attention is sought if they develop early signs of infection, e.g. for leptospirosis
Genetically modified organisms	Health surveillance may be required where the genetic modification causes an increase in potential pathogenicity.
Chemicals	
Chronic poisons such as cytotoxic agents	Cytotoxic anti-cancer drugs symptom surveillance only for those who directly handle these drugs. If a class 2 safety cabinet is used and gloves etc. no surveillance is required.
Carcinogens (Hazard phrase/Risk phrase H350/R45, H350i/R49) and Mutagens H340/R46)	A health record only is required.
Potent acute toxins	Where exposure may occur which could cause recognisable symptoms, but which may not result in

Substance	Comment
	incapacitating illness, periodic surveillance to detect such exposures may be necessary.
Physical hazards	
Ionising radiation	<p>In the context of ionising radiation, a classified person is a legally defined term under the Ionising Radiations Regulations 2017 (IRR17). Under regulation 21 of IRR17, employers must designate a person as classified if the work they are doing with ionising radiations is likely to result in annual doses greater than an effective dose of 6mSv or an equivalent dose of 15mSv to the eye, or greater than 150mSv to the extremities or skin, under either normal working conditions or in the event of a contingency situation.</p> <p>Any employee who is to be classified will be appointed in writing after they have undertaken medical surveillance by an appointed doctor.</p> <p>Classified employees will be made subject to annual medical surveillance by an appointed doctor and have their doses appropriately assessed and recorded.</p> <p>Where employees are not designated as classified persons, employers must provide suitable written arrangements to allow them to enter any controlled areas.</p> <p>No employee under 18 years of age will be designated as a classified person.</p> <p>employees</p>
Non-Ionising radiation	Includes any sources of ultra-violet, visible and infrared optical radiation, radio and microwave frequencies and static electromagnetic fields.
Noise	Health surveillance (audiometry) is required where employee(s):

Substance	Comment
	<ul style="list-style-type: none"> • are likely to be regularly exposed above the upper exposure action values of a daily or weekly personal noise exposure of 85 dB (A-weighted); and/or a peak sound pressure of 137 dB (C-weighted)* • are at risk for any reason, e.g. they already suffer from hearing loss <p>*Note This does not take account of any hearing protection used.</p> <p>Ideally, health surveillance should begin before employees are exposed to noise (i.e. for new starters or those changing jobs), to give a baseline.</p>
Vibration	Required if daily average exposure (EAV) exceeds 2.5m/s ² A (8).

Health Surveillance Cycle (HSE 2022)



The diagram above from the Health and Safety Executive (HSE) provides an overview of the health surveillance cycle. The employer has a central role in every aspect with involvement from employees to ensure effective implementation.

2. Scope

Health surveillance is a process to help manage any residual risk to a worker's health after control measures have been put in place. This includes the medical and administrative processes.

3. Employee Responsibilities

3.1 Workplace Health, Safety and Wellbeing

- To have a full and effective health surveillance programme in place managing, co-ordinating and implementing the appropriate Health Surveillance Programme specific to the identified needs as indicated in the management risk assessment
- Providing a health record of health surveillance for departments
- Reporting to manager of concerns or indication of need for further risk assessment/actions
- Support of health promotion and education for employees on working safely and comply with the health surveillance programme
- Storage of confidential health records
- Escalating concerns where required

3.2 Occupational Health Practice Nurse/Technician

Nurses/Technicians involved in Health Surveillance will be expected to:

- Be competent to carry out the appropriate test
- Be able to operate the test equipment
- Be able to interpret the test results (Nurse only)
- Maintain confidentiality
- Ensure appropriate onward referral where required
- Ensure safe custody of results

3.3 Manager, Head of Department or Section

- Undertake a suitable and sufficient risk assessment to determine whether health surveillance is indicated. This would include requesting noise measurements and vibration, for example, and checking safety data sheets for hazardous substances.
- Where health surveillance is indicated, inform the Workplace Health, Safety and Wellbeing Team via ohquery@essex.ac.uk of the potential need for health surveillance
- Ensure that all people identified from the risk assessment as requiring health surveillance attend for any required health surveillance
- Record and maintain all health surveillance results on the health record which is to be kept for 40 years after the last entry in line with relevant health and safety legislation e.g. COSHH
- Annual baseline screening of employees who require skin surveillance due to wet work or exposure to skin sensitisers
- Ensure prompt referral to OH if an employee reports ill health symptoms that could be related to their working environment, e.g. respiratory/skin problems
- Ensure that where reasonably practicable any recommendations from OH are implemented

3.4 Employee Responsibilities

- Where health surveillance has been identified by risk assessment for a work activity, it is a statutory requirement that employees must attend their appointments and register and comply with the health surveillance programme
- Early reporting to management/Workplace Health, Safety and Wellbeing team of any possible work-related ill health symptoms
- Attend and engage with training and education relating to the health surveillance programme and prevention of work-related ill health
- Wear the necessary personal protective equipment (PPE) provided and report immediately any concerns

4. Types of Health Surveillance

4.1 Audiometry

Line Managers must risk assess which employees are at risk with consideration of the control measures in place to minimise risk of exposure. Based on this assessment, Occupational Health will conduct audiometric testing of employees who are exposed to noise at work, in line with legislation (Noise at Work Regulations 2005) and classification of previous audiograms, if relevant, and advising on any necessary action following the health surveillance results.

Initial baseline examination, periodic screening and examination is required during employment with the University, in accordance with current UK regulations, to ensure the employee does not develop a hearing problem that may be caused by work or affect their ability to carry out the duties of their substantive post.

Where an employee commences work with the University with a pre-existing hearing classification, the manager must be advised regarding the occupational health steps to preserve the current level of hearing for the employee and to prevent any deterioration.

4.2 Respiratory Surveillance and Spirometry

Line Managers are required to assess which employees are at risk due to respiratory sensitisers via the risk assessment process. Yearly surveillance questionnaires should be provided to individuals working with respiratory sensitisers. Spirometric testing is indicated for employees who are exposed to respiratory sensitisers at work and are symptomatic, or where exposure is above the recommended HSE action level, in accordance with current UK regulations. Occupational health advice on any necessary action following the health surveillance results is given in a health record to the employer.

The HEOPS (2019) guidance should be used as a baseline reference for Higher Education and relevant employees, outlining the types of hazardous substances to which they may be exposed within the University environment.

4.3 Hand Arm Vibration (HAVS)

Under Regulation 7 of the Control of Vibration at Work Regulations 2005, health surveillance must be provided for employees who are likely to be exposed to hand-arm vibration in excess of the daily exposure action value of 2.5 m/s² A(8), or, are considered to be at risk for any other reason, such as:

- employees likely to be occasionally exposed above the exposure action value where the risk assessment identifies that the frequency and severity of exposure may pose a risk to health

- employees who have a diagnosis of HAVS (even when exposed below the exposure action value)

All health surveillance needs to include completion of Tier 1 (initial screening) and Tier 2 (annual screening questionnaire) assessments. Dependent on any reported symptoms, this may lead to a Tier 3 (clinical assessment by a qualified person) and/or a Tier 4 (formal diagnosis by an occupational physician). Progression to a Tier 5 is not common but is used in circumstances where HAVS has been formally diagnosed and further testing at a specialist centre is indicated.

All HAVS health surveillance should be carried out by an appropriately qualified occupational health practitioner. If symptoms are detected, any necessary and relevant action based on the outcome of the health surveillance needs to be advised on in a health record to the employer with recommendations to reduce exposure. Health surveillance in these circumstances should be carried forward and monitored.

4.4 Radiation

4.4.1 Ionising Radiation

In the context of ionising radiation, a classified person is a legally defined term under the [Ionising Radiations Regulations 2017](#) (IRR17). Under regulation 21 of IRR17, employers must designate a person as classified if the work they are doing with ionising radiations is likely to result in annual doses greater than an effective dose of 6mSv or an equivalent dose of 15mSv to the eye, or greater than 150mSv to the extremities or skin, under either normal working conditions or in the event of a contingency situation.

Where employees are not designated as classified persons, employers must provide suitable written arrangements to allow them to enter any controlled areas.

At present an employee is not required to be designated as a classified person where the radiation risk assessment identifies that:

- a) it is **not** reasonably foreseeable that an equivalent dose would be received by any employees in normal work or a radiation accident in excess of 15 mSv per year to the lens of the eye, or 150mSv per year to the extremities or skin.
- b) it is **not** reasonably foreseeable that an effective dose would be received by any employees in normal work or a radiation accident in excess of 6 mSv per year.

Health surveillance, including special health surveillance, may not be required where radiation risk assessments at the University of Essex have concluded that it is unnecessary; however, this position will be kept under regular review.

Similarly, where radiation risk assessments determine that dose rates are very low, the use of personal dosimeters from an approved dosimetry service is not required. Personal dosimeters may

nevertheless be issued for reassurance purposes. This arrangement will also be kept under regular review.

Based on risk assessment and low risk identified, there is no current requirement for university employees who are working with Ionising radiation to be classified.

4.4.2 Non-Ionising Radiation

Non-Ionising Radiation includes ultra-violet, optical radiation, radio frequency and electromagnetic radiation.

It can cause serious health issues including:

- Conjunctivitis, cataracts and retinal thermal damage to the eyes
- Erythema, ageing, burns, changes in pigmentation to the skin
- Skin cancer (causes by repeated exposure to UV)
- Effects on blood flow, heart function and cognitive ability
- Sensory effects such as vertigo, nausea and metallic taste
- Indirect effects such as interference with active implanted medical devices
- Forces and torques on passive metallic implants
- Projectile risk from movement of magnetisable objects in the field

Although there is no requirement for routine health surveillance there may be occasions where it is necessary. Employees at specific risk may require health surveillance or medical examination. Communication with manufacturers of pacemakers and other medical implants may be necessary to discuss the potential of interference with non-ionising radiation. Therefore, it is necessary to ensure thorough risk assessments are carried out before any work with non-ionising radiation commences.

4.5 Skin

Skin surveillance requires the Line Manager to assess which employees are at risk via the risk assessment process. Skin surveillance is indicated for those employees who are regularly exposed to chemicals, wet work and dust and are required to wear gloves on a regular basis. Under the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH), employers must make sure that employees' exposure to hazardous materials by skin contact and absorption through the skin is either prevented or, where this is not reasonably practicable, adequately controlled. Where adequate control of exposure cannot be achieved by other means, the employer's responsibility is to provide suitable personal protective equipment (PPE) in combination with other control measures such as

education on skin care and early reporting. Health surveillance will identify early symptoms of dermatitis caused by skin exposure and whether an adequate standard of control is being maintained.

Occupational Health (OH) provides managers with access to online, recorded skin surveillance training through Moodle.

Managers are required to ask employees on a yearly basis if there are any issues relating to their skin health and undertake a more regular basic visual inspection of their hands. A record that this has taken place should be kept by the manager and any concerns raised should result in a referral to Occupational Health.

Occupational health advice on any necessary action following the health surveillance results and referral assessment is given in a health record to the employer with recommendations regarding appropriate actions.

4.6 Night Working

Night working questionnaires are offered to all employees undertaking night work to complete in order to protect the health of employees by detecting, as early as possible, adverse impacts of night work on health, or any adverse impacts of health on night work. This applies to all employees if they work night duty on a regular basis, as they are entitled to a free health check at regular intervals. Employees who regularly work at least 3 hours during the 'night period' are defined as night workers. The night period is 11pm to 6am, unless the worker and employer agree a different night period.

4.7 Other Biological Hazards

Applies to employees working with animals, insects, genetically modified organisms or high-risk organisms for their work or research.

All employees working with animals and insects can be at risk of developing an exposure related allergy even when there is no history of a previous problem. If an employee has a history of allergy or common allergies, exposure to laboratory animals increases the risk of developing an allergy.

Animal allergens are found in the urine, fur, saliva and serum of laboratory animal species. Contamination of the environment may occur by the allergens becoming airborne or being carried on clothing.

5. Description of Process

5.1 Risk Assessment

The manager should be aware of their responsibility under regulations such as the Workplace (Health, Safety and Welfare) Regulations 1992 or specific Regulation or Code of Practice for the identified hazard, and to request, if necessary, advice from the Workplace Health Safety and Wellbeing team where required and request for Occupational Health to provide appropriate Health Surveillance, including undertaking appropriate medical tests. Health surveillance is covered in the University of Essex training for managers in higher hazard areas (Managing Health and Safety Essentials) and also in the Risk Assessment training which is mandatory for academics/supervisors/technicians in higher hazard areas.

A risk assessment carried out by a designated manager will identify those at risk of exposure to a workplace hazard and the groups of employees that will require health surveillance. Health and Safety can support managers with this process. The manager should make Occupational Health aware of any employees deemed at risk, new employees or existing employees who have experienced any worsening of symptoms, so the appropriate steps for monitoring health can be put in place. More detailed information for managers is contained in the Appendix of this document.

6. Action taken following Health Surveillance Results

After health surveillance has been completed, results should be fed back to both employees and management. Management should receive a health report only stating fitness, any adjustments and recall dates. Individual outcomes reported to management should not contain any clinical information.

Results should include grouped outcomes identifying hazardous exposure along with recommendations on actions to improve controls or surveillance procedures.

Occupational Health Advisers are to liaise with Health and Safety Advisers if any diagnosis determined during health surveillance is RIDDOR reportable.

Where changes to exposure controls or working arrangements are necessary to protect the individual from further hazardous exposure, recommendations on this should be made to the person's line manager and/or the person in control of the work. Management should take overall responsibility and where necessary seek advice from Health and Safety Advisers on how to manage, monitor and reduce these risks.

Health exposure records and health surveillance records must be kept securely as outlined under the Data Protection Act and GDPR. Individuals must understand that data is stored for 40 years after they have finished work. Arrangements must be made to ensure that data is not kept beyond the appropriate time.

7. Amendments

Any comments on, or suggested amendments to this document should be forwarded to the owner of this document.

8. References

- Health and Safety at Work Act 1975
- Management of Health and Safety at Work Regulations 1999
- Control of Noise at Work Regulations 2005
- Control of Vibration at Work Regulations 2005
- Control of Substances Hazardous to Health (COSHH) Regulations 2002 ([exposure limits updated Jan 2020](#))
- Ionising Radiation Regulations 2017
- Data Protection Act 2018
- [A guide to the Control of Electromagnetic Fields at Work Regulations 2016](#)
- [HSE Guidance on Skin Health Surveillance](#)
- [Night worker health assessments](#)
- [Managing Shift Work – HSE 2006](#)
- [HEOPS Health Surveillance Guidance V 3.0 Feb 2019](#)

APPENDIX 1

Health Surveillance for Managers Guide

When is health surveillance conducted?

Criteria for conducting health surveillance includes when:

- an individual being exposed to a hazardous substance that is linked to an identifiable disease of adverse health effect
- there is reasonable chance that the disease or adverse health effect may occur under the conditions of work
- there are valid techniques of detecting the disease or adverse health effect

At the University of Essex health surveillance is likely to be necessary where there is exposure to:

- carcinogens—in practice valid tests and techniques do not exist but a health record is needed
- dangerous pathogens, e.g., Hepatitis B, HIV and Tuberculosis (TB)
- certain sensitisers, such as substances that may cause occupational asthma, e.g. laboratory animals, mineral oils, wood dust, solder fumes
- substances that may cause dermatitis, e.g. latex
- noise and vibration
- substances with systemic toxicity such as lead, arsenic and mercury

Manager/Departmental responsibilities with the support of the Department HSLO or Health and Safety Advisers:

- To undertake a suitable and sufficient COSHH risk assessment and inform OH if the RA has identified the potential need for health surveillance
- Ensure that all people working with or intending to work with substances requiring health surveillance are identified by the managers and contact details then sent to Occupational Health so they can then be registered on the appropriate health surveillance programme. Managers will send an up-to-date list of employees every year prior to the planned health surveillance.
- Record and maintain all health surveillance results confidentially which are to be kept for 40 years in line with the COSHH Regulations 2002

- Ensure prompt referral to OH if an employee reports ill health symptoms that could be related to their working environment, e.g. Respiratory/skin problems
- Ensure that where reasonably practicable any recommendations from OH are implemented where recommendations are not able to be made OH should be informed.

APPENDIX 2

Physical Hazards	Comment
<p>Noise</p> <p>HSE - Noise: Health surveillance</p> <p>Employee information leaflet:</p> <p>Noise: Don't lose your hearing INDG363 (hse.gov.uk)</p>	<p>Identify length of exposure and how frequently it occurs. Health surveillance required if daily average exposure (Leq) exceeds 85dB(A) however all employees exposed to loud noise on a regular basis are recommended to be referred to OH for health surveillance in order to ensure control measures in place are effective and to detect any early signs of deterioration</p>
<p>Vibration</p> <p>Hand arm vibration - Health surveillance (hse.gov.uk)</p> <p>Employee information Leaflet:</p> <p>Hand-arm vibration: A guide for employees INDG296 (hse.gov.uk)</p>	<p>Identify length of exposure (trigger time) and how frequently it occurs. Obtain details of equipment and manufacturer data on vibration. Health surveillance required if daily average exposure (EAV) exceeds 2.5m/s² A (8) however all workers exposed to vibration on a regular basis are recommended to be referred to OH for health surveillance in order to ensure control measures in place are effective and to detect any early signs of deterioration</p>
<p>Non-Ionising radiation – such as sunlight</p> <p>Employee information:</p> <p>www.hse.gov.uk/skin/employ/sunprotect.htm</p>	<p>Outdoor workers. Workers who are exposed to significant artificial sources – UV, IR.</p>

Chemical/Biological Hazards	Comment
<p>Wet Work</p> <p>Health surveillance - Skin at work: Work-related skin disease - HSE</p>	<p>Wet work is a term used to describe prolonged or frequent contact with water (particularly with soaps, cleaners and other chemicals). Wet work can cause the skin to over-hydrate. It is the leading cause of Irritant Contact Dermatitis but often goes unrecognised. (Prolonged contact - more than 2 hours, or more than 20-40 hand washes a day)</p>

Chemical/Biological Hazards	Comment
<p>Respiratory sensitisers H334 (R42)</p> <p>May cause allergy or asthma symptoms or breathing difficulties if inhaled.</p> <p>COSHH G402: Health surveillance for occupational asthma (hse.gov.uk)</p>	<p>Respiratory sensitizers may require health surveillance as it is often impossible to ensure control to a level at which there is no risk of sensitisation. These include chemicals with the H334 hazard statement, particularly:</p> <ul style="list-style-type: none"> ○ Isocyanates ○ Glutaraldehyde ○ Rosin-based solder flux fume ○ Some glues/resins ○ Latex ○ Wood dust (refer to separate entry in table) <p>Also enzymes, penicillin and livestock (such as animals and mites) are associated with respiratory sensitisation. Refer to the HSE list of substances:</p> <p>http://www.hse.gov.uk/asthma/substances.htm</p>
<p>Wood Dust</p>	<p>If regularly working with wood, a referral to OH will be needed to determine if health surveillance is required through screening. This may involve skin inspections for wood types which can cause dermatitis, or respiratory function tests for wood types likely to cause occupational asthma. Some Toxic woods may need additional health surveillance. Use https://www.hse.gov.uk/woodworking/wooddust.htm to determine. Record the types of woods used on the COSHH assessment.</p>
<p>Welding/hot cutting processes</p>	<p>Welding fume can cause occupational asthma, particularly welding or cutting of stainless steel (chromium and nickel). Refer to https://www.hse.gov.uk/asthma/welder.htm</p>

Chemical/Biological Hazards	Comment
Metalworking Fluids	Exposure to metalworking fluids can cause health effects including irritation of the skin and occupational asthma. Skin surveillance is recommended
Skin sensitisers H317 (R43) May cause an allergic skin reaction Health surveillance - Skin at work: Work-related skin disease - HSE	Certain skin sensitisers may require health surveillance as sensitisation may occur at low levels of exposure, particularly: <ul style="list-style-type: none"> ○ Cobalt ○ Chromium/chromates ○ Epoxy resins ○ Nickel ○ Some plants ○ Latex (always requires health surveillance) ○ Halogenated electrophilic agents such as ○ dinitrochlorobenzene and p-nitrobenzyl ○ bromide
Carcinogens and mutagens H350 (R45) May cause cancer H350i (R49) May cause cancer by inhalation H351 (R40) Suspected of causing cancer H340 (R46) May cause genetic defects H341 Suspected of causing genetic defects	A health record only is required
Biological agents and genetically modified organisms	Refer to the biological/GM risk assessment