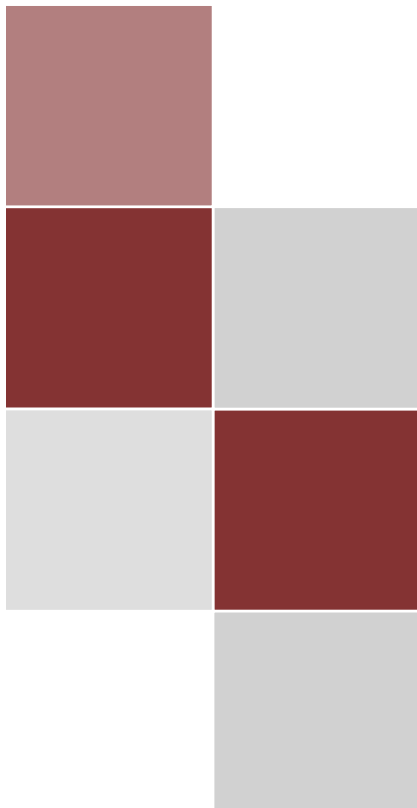




# **Guidelines and Procedures on ILRI Occupational Health Services**

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People and Organizational  
Development Directorate



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## **Guidelines and Procedures on ILRI Occupational Health Services**

### **1.0 Introduction**

The ILRI Occupational Health Services Program (OHS) strives to ensure that ILRI staff are fit to perform their work and that there is continuous evaluation of the environment in which they work to ensure that there is no negative impact to staff as a result of work undertaken at ILRI.

### **2.0 Aim**

The aim of the Occupational Health Service is to ensure a healthy working environment and to support staff in relation to work related health issues by providing professional advice and services in relation to these matters. The Occupational Health Service does not, however, provide medical treatment.

### **3.0 Guideline Statement**

ILRI is committed to compliance with all applicable legislative and regulatory requirements and standards governing the occupational health of its employees. It works to promote and support a culture where the physical and psychological health of staff and other stakeholders involved in ILRI's work is respected, protected and maintained whilst at work. The confidentiality of employees' medical records and test results is protected under law and ILRI complies with all applicable regulations regarding privacy requirements.

### **4.0 Scope**

These guidelines and procedures apply to all ILRI staff in all locations where ILRI operates. For ILRI regional and country offices, it is the duty of the Regional Representatives and Country Representatives to acquaint themselves with the relevant institutional guidelines and procedures and to ensure that all staff under their supervision are also aware of and adhere to, these guidelines and procedures.

In locations where ILRI is hosted by another institution, the relevant institutional guidelines shall apply.

### **5.0 ILRI Occupational Health Services**

The ILRI Occupational Health Services Program provides a range of specific services to ILRI staff that include:

- 1) Fitness to work medical examinations
- 2) Pre-placement medical examinations
- 3) Occupational health surveillance

- 4) Post exposure medical management
- 5) Exit medical examinations
- 6) Return to work support after illness or injury
- 7) Tracking of absenteeism resulting from illness and accidents (work related and non-work related) with an aim of helping staff use preventive measures to reduce absenteeism.
- 8) Reporting of contagious medical conditions

## **5.1 Fitness to Work Medical Examination**

In order to meet both ILO and country legislation where ILRI operates, ILRI must ensure that all persons in the employment of ILRI undergo a fitness to work medical examination prior to commencement of work.

### **5.1.1 Procedure for Fitness to Work Examination**

The procedure for accessing this service is as follows:

- As part of the ILRI recruitment process, selected candidates for jobs within ILRI are requested to undergo a fitness for work medical examination with a registered doctor after they accept the job offer.
- A letter for this undertaking is given to the selected candidate and all the related costs are met by ILRI.
- The doctor carries out the medical examination as per the ILRI fitness to work medical examination guidelines attached in appendix 1.
- The candidate is entitled to get the detailed medical report from the doctor.
- Confidentiality of the medical information is maintained throughout the process and therefore, ILRI is only notified by the doctor whether the candidate is fit to work, or not fit to work or fit to work but requires treatment. The actual confidential medical reports are maintained by the relevant doctor.
- In cases, where the doctor confirms that the candidate is not fit to work, then ILRI will consider the facts and the circumstances and reserves the right not to make the appointment in the interest of the candidate as well as the institution.
- If there are any identified medical issues that require treatment but the doctor deems the candidate fit to work, the doctor shall communicate directly with the candidate and agree on the treatment plan with the individual.

## **5.2 Pre-placement Medical Examination**

Pre-placement medical examinations are required of all new hires for select positions to protect the new employee from possible work related health problems and to protect ILRI from liability issues.

These jobs are listed in appendix 2.

### **5.2.1 Procedure for Pre-placement Examinations**

- All job descriptions and job adverts for positions requiring pre-placement medical exams shall clearly state this requirement as follows:
- "This position is subject to completion of a pre-placement medical exam provided by an occupational health doctor, given at no charge to the applicant".
- Candidates to positions requiring pre-placement examinations shall be duly informed that appointment to the relevant position is contingent upon completion of a pre-placement medical examination.
- The selected candidates for ILRI jobs must undergo the pre-placement examination once they agree to the job offer. The relevant P&OD contact books an appointment with the designated occupational health practitioner.
- The pre-placement medical exam is performed at the designated occupational health doctor's clinic.
- Upon completion of the exam, the ILRI designated occupational health doctor will notify P&OD in writing whether the employee is cleared for hire without restrictions or with medically-based work activity restrictions.
- The candidate will receive a copy of the pre-placement medical examination.
- If work activity restrictions are indicated, P&OD as well as the hiring unit/program/directorate will consult with EOHS and the occupational health doctor to determine if reasonable accommodation can be made for the candidate.
- If work activity restrictions are indicated, the candidate has the right to appeal and will be provided with information on the pre- placement medical exam appeal process.
- P&OD will recharge the hiring unit/program/directorate for medical tests provided regardless of the results of the pre-placement medical exam.

- In cases of a job transfer to a job requiring a pre- placement job examination, the transferred staff member has to undergo a pre- placement medical examination before appointment to the new job.

### **5.3 Occupational Health Surveillance**

Health surveillance allows for early identification of ill health and helps identify any corrective action needed.

To meet both ILO and country legislations where ILRI operates, ILRI must ensure that all staff exposed to occupational hazards undergo routine health surveillance during their work at ILRI. Determination of who is part of the health surveillance program, and how often the routine checks are carried out is determined by risk assessments, ILO guideline on occupational health and country legislations. As much as only specific jobs are listed by legislations and ILO guideline for health surveillance, as good practice all jobs should undergo risk assessment and possible hazards identified. Employees carrying out jobs falling under the health surveillance requirements undergo a risk-based medical examination yearly. These job categories are listed in appendix 2. All other employees undergo a risk based medical examination once every three years as good practice.

#### **5.3.1 Procedure for undergoing health surveillance at ILRI:**

- 1) EOHS shall coordinate occupational health (OH) risk assessment for all jobs at ILRI.
- 2) The risk assessments shall involve the appointed occupational health doctor.
- 3) The assessment shall be discussed and approved by the campus safety committees representing the regions, Nairobi and Addis campuses.
- 4) Final discussion and approval of the OH risk assessment shall be done by the Institute Safety Committee twice a year during the first quarter of the year and last quarter of the year. However, in case of need, the Institute Safety Committee shall meet at any time in case of any high risks that may occur.
- 5) EOHS shall prepare a list of staff holding jobs that fall under yearly medical surveillance
- 6) EOHS shall develop yearly plan for the yearly medical surveillance and communicate to applicable staff.
- 7) EOHS shall notify all ILRI staff when the yearly or triennial general medical surveillance is due for their location.
- 8) EOHS shall coordinate the yearly and triennial medical surveillance.

### **5.4 Post- exposure Medical Management**

There are situations where an ILRI staff could be exposed to an occupational hazard in the course of their work that will require them to undergo post exposure medical management over a period of time. Examples could include, but are not limited to, exposure to human blood

during sampling of people, hazardous chemicals, and zoonotic disease from an infected animal or exposure to disease on travel to areas prone to certain diseases or an area with a disease outbreak.

#### **5.4.1 Post- exposure Medical Management While Working in the Field**

- 1) All staff must familiarize themselves with the protocol and fieldwork risk assessment, as well as general travel advice before undertaking any fieldwork at ILRI .These must be covered as part of induction/fieldwork briefing.
- 2) Regional Representatives should inform EOHS of any hazards in their respective countries/regions. For guidance, please contact EOHS via email on [Ilrikenyaeohs@cgiar.org](mailto:Ilrikenyaeohs@cgiar.org).
- 3) ILRI staff members are advised not to work alone while in the field. There must be someone accompanying the staff, either non-ILRI staff or a driver. In case of exposure or an accident, the other person can notify ILRI immediately for help.
- 4) In case of illness, staff members should seek medical attention at the nearest health facility as identified in the fieldwork risk assessment. Notification of illness should be sent through the ILRI emergency number as in the fieldwork package immediately to facilitate transfer to an ILRI approved medical facility. The fieldwork package should be obtained from the EOHS office before proceeding for fieldwork.
- 5) In case of an accident, exposure to hazardous agents, poisonous bites and scratches, disease outbreak in the area, the post exposure medical arrangement in the fieldwork package should be followed. In such cases, survival of the individual involved in any incident is pegged on how fast medical help is sought.
- 6) The accident reporting form should be filled and sent to the supervisor or EOHS by sending mail to [Ilrikenyaeohs@cgiar.org](mailto:Ilrikenyaeohs@cgiar.org) for Nairobi and the regions and to [ilriethiopia@cgair.org](mailto:ilriethiopia@cgair.org) for Addis campus.
- 7) Follow up of staff for post exposure treatment shall be coordinated by EOHS.

#### **5.4.2 Post- exposure Medical Management When Handling Human Blood Samples**

- 1) No ILRI staff shall carry out sampling of humans alone; all ILRI staff must work in pairs when taking human samples.
- 2) In case of exposure through the skin, such as in the case of a needle stick prick, the area should immediately be washed or irrigated with water (do not force bleeding by squeezing). Medical attention should be sought immediately from the nearest medical facility. If you have a personal physician, call them for advice.

- 3) At the medical facility, assistance should be sought at the casualty area and the medical staff there should be notified of the exposure.
- 4) The supervisor and if possible, EOHS should be notified by emailing [llrikenyaeohs@cgiar.org](mailto:llrikenyaeohs@cgiar.org) for Nairobi and the Regions or [ilriethiopiaeohs@cgiar.org](mailto:ilriethiopiaeohs@cgiar.org) for Addis immediately.
- 5) The accident reporting form should be filled and sent to the supervisor or EOHS.
- 6) Follow up of staff on post exposure treatment shall be coordinated by EOHS.

If exposed to human blood in the field when working with clients, standard WHO guidance on needle stick exposure shall apply as follows:

- 1) Both the client and staff member should be requested for consent to test their blood. The guardians or next of kin (as the case may be) of the client should be involved. The client and staff member should be counselled and complete a consent form to test for HIV and HEP B.
- 2) Blood already collected from the client can be used for this test or a colleague can pick a sample if required.
- 3) If there is no consent, the Refusal of Evaluation after Exposure form should be filled. This form is normally in the first aid box carried by the staff member. If the clinic requires a copy, this should be given but a copy should also be sent to ILRI.
- 4) Post exposure prophylaxis for HIV should start immediately while awaiting results from the client's samples if the client consented for testing.
- 5) If the client is positive for HIV and/or HEP B or refuses testing, then HIV post exposure prophylaxis should continue and post exposure prophylaxis for HEP B should begin.
- 6) If post exposure prophylaxis treatment is declined, then the form for Refusal of Post Exposure Treatment should be filled.
- 7) If the client is HIV and HEP B negative, then the HIV post exposure prophylaxis already started should stop.
- 8) The staff member should send EOHS all the filled consent forms.
- 9) The relevant supervisor as well as EOHS must be contacted immediately. EOHS can be contacted by emailing [llrikenyaeohs@cgiar.org](mailto:llrikenyaeohs@cgiar.org) for Nairobi and the Regions or [ilriethiopiaeohs@cgiar.org](mailto:ilriethiopiaeohs@cgiar.org) for Ethiopia.

## **5.5 Exit Medical Examination**

- It is ILRI's aspiration that all employees exit the institution after their relevant service tenure with a clean bill of health to limit ILRI's future risk and ensure that any subsequent liability (after the staff member exits from ILRI) resides with the right party.



This also helps employees to establish if there is the existence of any work related health issue that ILRI should cover them for.

- The findings of all exit medical examinations are to be documented on the appropriate “Exit Medical” Form

#### **5.5.1 Procedures for Exit Medical Examinations**

- The exit medical examinations should, within reason, be planned timeously, such as within a week of termination of services. The reason is that unexpected findings may require further actions (such as other tests, or referrals, or even a submission to the relevant legislative authority if a compensable occupational disease is identified). The responsibility to ensure that the examination is scheduled within the prescribed time rests with P&OD.
- The exit medical examination is not necessary if the last periodic medical surveillance for the relevant staff member was conducted within 6 months of the services being terminated.
- At the time of exit from ILRI for whatever reason, P&OD shall confirm with EOHS if the staff member qualifies for the exit medical examination.
- Once EOHS provides confirmation, P&OD then communicates to the designated occupational health doctor and notifies the relevant staff member of the exit medical examination as well as the appointment date with the occupational doctor.
- The exiting staff then presents themselves at the doctor’s clinic on the agreed date for the examination and the occupational health doctor performs the examination, comparing with the results of the pre placement medical examination and records of the annual medical examination.
- If there is a medical condition that is work related, then the occupational health doctor confers with the relevant staff and obtains consent to discuss with P&OD Director and EOHS Manager an appropriate exit management plan for the staff.
- Once the exiting staff consents to the exit management plan, it is implemented with coordination provided by EOHS.
- If staff is fit for exit with no conditions, then P&OD proceeds with the normal exit procedures for the staff member.

## **5.6 Return to Work after a Major Illness or Injury**

There may be occurrences of staff members suffering from major illness or injury that keeps them from work for a period of time. It is most desirable to bring an employee back to work as soon as medically appropriate. The sooner an employee returns to work, the better for both the employee and employer and limits the following risks:

- Sickness compensation costs
- New hiring costs
- Lessens the chances for litigation
- It also allows the employee to heal while staying productive with a positive mindset

These guidelines include provisions for: the return to work process and presents information on transitional work assignments, permanent job modifications and where necessary, new position assignment requirements for employees returning to work after a prolonged period of absence for medical reasons due to illness or injuries that may or may not be associated with work at ILRI.

### **5.6.1 The Return to Work Process**

When an employee is returning to work after a prolonged period of sickness absence due to injury or illness, there are three possible Return-to-Work options as outlined below:

- **Option 1:**

An employee has been declared fit to return to work by the treating physician. The employee then returns to the same position he/she held before the injury or illness.

- **Option 2:**

An employee has recuperated to the extent that they are ready to return to a transitional work assignment (limited or modified work duty) with approval of the treating physician. Where possible, ILRI will provide work reassignment suitable to the employee's capacity and which is of benefit to the employee and to the institution.

- **Option 3:**

An employee has recuperated fully and has obtained clearance to return to work by the treating physician, but has suffered a disability which prohibits continued employment in his/her previous position. ILRI will attempt to place the employee in a permanently modified job or another position suitable to the employee's capacity which is meaningful, productive and advantageous to the employee and the institution. This work placement may be a permanent assignment or a part-time or temporary assignment until a permanent assignment is found.

If a position is not available for work placement, the option of termination on medical grounds may apply depending on the circumstances. Every staff member is also covered by long term

disability insurance, and eligibility to this insurance is evaluated depending on the actual circumstances by the insurer.

In addition, ILRI shall provide support for other types of disability (which may not be physical) on a case by case basis depending on the circumstances and adhering as much as possible to its policies. In all cases, EOHS shall consult with the treating physician, the injured employee's supervisor and P&OD Director, as to whether an employee returns to work in either his/her original position, a transitional work assignment, a permanently modified job or a re-assigned position.

Written return to work authorization must be obtained from the treating physician.

### **5.6.2 Transitional Work Assignments**

Where possible, employees may be provided with transitional work assignments during their recuperation in order to maintain desirable productivity levels. These assignments should be short term in nature (no greater than 90 days) until the employee is able to return to his/her routine work.

#### **5.6.2.1 Procedure for Matching Returning Employees to Alternate Duty**

The following procedure shall be followed for determining alternative duty for a returning employee who cannot assume their original duties as a result of injuries or sickness:

- EOHS will list all restrictions provided by the physician.
- The doctor's restrictions will then be matched to the best possible alternate duty by the supervisor with assistance from EOHS.
- The EOHS Manager will carry out a job risk assessment and ensure that the physician's recommendations are taken into account. The assessment shall be shared with the relevant physician who shall sign off on all jobs that are appropriate to the relevant employee.
- If the physician has identified more than one job as appropriate, the best alternate duty position shall be chosen to best meet institutional needs.
- The P&OD Director shall meet with the relevant employee, the supervisor, EOHS and where necessary, the physicians as needed to explain the alternate duty position.

### **5.6.3 Responsibilities**

#### **(i) Institute Management Team**

- The provision of resources and support to supervisors in the return to work program
- Assisting in employee placement decisions
- Encouraging appropriate and ethical practices

**(ii) Supervisors**

- Completion of accident and other report forms in the event of an injury
- Pre-determining alternative working arrangements for staff returning to work in cases where this is necessary.

**(iii) Employees**

- Promptly reporting any injuries to their supervisor and ensuring that they obtain appropriate treatment
- Cooperating with EOHS and their supervisors regarding the provisions of the return to work program.

**(iv) EOHS Manager**

- Ensure proper coordination between the relevant employee, medical providers, P&OD and supervisors in the placement of employees into transitional work assignments, permanently modified jobs or new positions as a result of injuries or illnesses
- Coordinate the return to work program communication to staff
- Coordinate vocational rehabilitation training for employees who have received a permanent disability as a result of a work related injury
- Provide prompt assistance to managers, supervisors and others as necessary on any matter concerning the provisions of this guideline
- Assist in implementation of the Return to Work Program
- Annually compile trends and statistical reports for tracking results of ILRI's Return to Work Program
- Provide consultative and audit assistance to ensure effective implementation of the provisions of this guideline
- Assist supervisors in coordinating return to work program for their employees

**(v) People and Organizational Development**

- Assist in cases where placement decisions are required regarding alternative work arrangements temporarily or permanently for an employee returning to work after illness or injury.

#### **5.6.4 Program Communication**

The Return to Work Program must be effectively communicated to injured employees, supervisors, and treating physicians as applicable.

Program communication will be achieved by:

- Training of supervisors, safety orientation training for employees and the distribution of program literature to staff and supervisors.

- P&OD will provide an employee information package on Workers' Compensation and Return to Work information that provides specific details on injured employees, affected supervisors responsibilities and required actions.

## **5.7 Reporting of Contagious Diseases**

ILRI is committed to providing a workplace free of health hazards and to protecting its employees from the spread of contagious diseases at the workplace.

There are many diseases that may be potentially contagious. The list below provides examples, but the list is not exhaustive:

- Chickenpox
  - Measles
  - Mumps
  - Tuberculosis
  - Meningitis
  - Whooping Cough
  - SARS
  - Avian or similar type of influenza (but not the common seasonal flu)
- 
- This guideline is not intended to cover common illnesses such as colds and viruses, sore throats and upper respiratory infections.  
Managers and employees must report any known contagious disease (as defined by this guideline) in the workplace to EOHS/Research compliance by emailing [Ilrikenyaeohs@cgiar.org](mailto:Ilrikenyaeohs@cgiar.org) for Nairobi and the regions and [ilriethiopiaeohs@cgiar.org](mailto:ilriethiopiaeohs@cgiar.org) for Ethiopia.
  - Any employee who has a contagious disease (as defined by this guideline) that could be spread through normal work contact is not permitted access to the workplace until he or she no longer has the contagious disease, or the disease is no longer transmissible through normal work contact as determined by his or her medical provider.
  - Employees who know they have a contagious disease (as defined by this guideline) have an obligation to minimize physical contact with other employees, and therefore must not come to the workplace. If an employee believes he or she may have contracted a contagious disease, he or she should contact his or her medical provider for evaluation before returning to the workplace.
  - Staff members who knowingly do not report contagious disease are liable to disciplinary action in accordance with ILRI's staff policies.

- If management believes an employee is exhibiting symptoms of a contagious disease while in the workplace, EOHS shall consult with the ILRI occupational health doctor and advise management accordingly on how to manage the case.
- Managers needing guidance on assessment of contagious disease or potential health risk should contact EOHS/Research compliance by emailing [llrikenyaeohs@cgiar.org](mailto:llrikenyaeohs@cgiar.org) for Nairobi and the regions and [ilriethiopiaeohs@cgiar.org](mailto:ilriethiopiaeohs@cgiar.org) for Ethiopia.
- Management reserves the right to require an employee to go to an occupational medical consultant for evaluation in the event of a potential contagious disease. The occupational medical consultant reserves the right to send the employee home immediately on sick leave following the evaluation.
- Prior to returning to work following a contagious disease, an employee must provide EOHS/Research compliance with a release to return to work from a medical provider that indicates the employee no longer poses a threat to others. EOHS/Research compliance will provide clearance for the employee to return to work, and P&OD will inform the employee's manager. In the event an employee is returning to work following a contagious disease where travel outside of the country took place, the medical release provided to EOHS/Research compliance should be from a licensed health care provider.
- An employee with a contagious disease may be eligible for family or medical leave, short term disability, flexible work arrangement, or other benefit under ILRI's staff policies. EOHS and P&OD shall consult and put in place the best arrangement for the staff member.
- Discrimination or harassment of employees having or regarded as having a contagious disease is prohibited.

#### **5.7.1 Handling Pandemic or Widespread Health Risk**

ILRI generally follows WHO and Country guidance on response to pandemic situations and the ILRI Director General and/or the People and Organizational Development Director shall send out appropriate communication to all staff indicating guidelines for management of the pandemic.

In the event of a pandemic or other wide-spread health risk, managers and employees will be given specific directives regarding appropriate actions for the handling of contagious diseases by the EOHS/Research Compliance Unit and the People and Organizational Development Directorate.

## **6.0 Immunizations / Travel Vaccination Procedure**

There are two circumstances where ILRI staff will require vaccinations as a result of work related activities at ILRI as follows:

Staff might require vaccination if working on a project with risk of exposure and the exposure can be prevented by vaccination.

Staff travels on work related activities to countries that require particular vaccinations.

### **6.1 Vaccination to Protect Staff from Project Risks**

In situations where staff will be exposed to risks that are preventable by vaccination; ILRI provides vaccination for staff at no cost to the staff member.

#### **6.1.1 Procedures for Project Exposure Risk management**

The procedure for determining project exposure risks is as follows:

- Every project at ILRI is required to fill in a research compliance form as part of approval at ILRI (these forms are provided on line at [ilri.org/EOHS](http://ilri.org/EOHS) which is then sent to EOHS office for review.
- EOHS reviews and identifies any exposure risks to staff associated with the project. These are added to the project risk assessment and communicated to the Principle Investigator (PI).
- EOHS follows up with the Principal Investigator to ensure that in cases where exposure can be mitigated by immunization, the relevant staff working on the project is immunized.
- Staff opting not to be immunized must sign a decline form which is sent to EOHS. They are advised of other ways of ensuring that they are not exposed.
- EOHS sends information to the project team on the exposure risks identified and the symptoms and management of the resulting illness. When possible, face to face sessions are held.
- All project staff (after being fully notified of the risks associated with the project) sign the section of the risk assessment report relevant to the project indicating they have been notified of the risks and precautions in place and have agreed to work on the project.

- EOHS follows up to ensure that all the mitigation advice has been put in place by the PI before the project commences.

The cost of immunization is charged to the project.

## **6.2 Official Travel Vaccinations**

Some ILRI jobs require staff to travel from one country to another. Travelling from one country to another requires the traveller to adhere to regulations laid down by specific countries before allowing visitors to the country. One of the regulations that some countries have set is with regard to vaccination requirements before entry. All ILRI staff must adhere to relevant country regulations for entry and there are no exemptions to such adherence.

### **6.2.1 Procedure for Official Travel Vaccinations**

- Every ILRI location shall identify ILRI preferred providers for travel vaccinations.
- ILRI preferred providers for travel immunization shall be communicated to location staff.
- Staff will be informed of vaccination requirements for travel destination by the relevant travel office at the location office. Although staff can check online for the requirements of particular countries, it is always important to check with the travel office or administrative staff at office locations as countries change their requirements from time to time.
- Staff must present themselves for vaccination as required.
- The preferred travel medical provider shall carry out an interview with the staff member and advise on the vaccination before providing the vaccination.

For further details on vaccinations, please refer to WHO International Travel and Health Guide on <http://www.who.int/ith/en/>



## **7.0 Appendix 1: Fitness to Work Medical Examination Guidelines**

The responsibilities of the appointed registered medical practitioner are to:

- Assist with the planning and implementation of fitness to work medical examination;
- Maintain medical records and ensure their confidentiality;
- Advise each employee of the results of his or her fitness to work, provide any necessary explanation and arrange treatment, preventive measures or rehabilitation, if necessary;
- Decide if a clinical finding or examination result is abnormal, if a trend is significant and whether this indicates an unacceptable level of exposure to a hazardous substance;
- Notify the P&OD of the outcome of any trends which indicate inadequate control and the need for remedial action. The medical practitioner must take care to maintain medical confidentiality pertaining to individual staff members;
- Notify the relevant authority of any adverse effect prescribed by that authority; and
- Ensure that fitness to work results are maintained as confidential medical records, and in doing so:
  - Clearly identify them from records obtained for other purposes such as records of examinations not connected with fitness to work, and
- Provide to another appointed registered medical practitioner with all fitness to work medical examination records in their possession on cessation of their medical practice.

## 8.0 Appendix 2: Jobs that Require Medical Surveillance

DEPARTMENT		RISKS AND HAZARDS
HOUSING		<ul style="list-style-type: none"> <li>• Extreme heat from ironing and dryers.</li> <li>• Biological and chemical hazards carried from the labs.</li> <li>• Detergents used during laundering.</li> </ul>
CATERING		<ul style="list-style-type: none"> <li>• Exposure to extreme temperatures (cold rooms and heating in the kitchen).</li> <li>• Detergents used for cleaning utensils and washing the floor.</li> </ul>
SECURITY		<ul style="list-style-type: none"> <li>• Cold temperatures at night.</li> </ul>
ANIMAL UNIT		<ul style="list-style-type: none"> <li>• Exposure to animal excretory matter during changing of animal beddings.</li> <li>• Exposure to chemicals during spraying of animals.</li> <li>• Exposure to detergents during cleaning and disinfecting.</li> <li>• Dust from hay/saw dust especially during unloading and changing of bedding.</li> <li>• Exposure to animal fur.</li> <li>• Exposure to animal bites and/or scratches from small animals.</li> <li>• Pricks from needles especially with hostile animals.</li> </ul>
ENGINEERING AND FACILITIES	Refrigeration	<ul style="list-style-type: none"> <li>• Exposure to biological materials while repairing/servicing the lab freezers.</li> <li>• Exposure to intense radiation, UV, laser light.</li> <li>• Exposure to extreme temperatures (cold rooms and freezers).</li> </ul>
	Mechanical	<ul style="list-style-type: none"> <li>• Exposure to noise during fabrication/grinding.</li> <li>• Exposure to vibrations during fabrication/grinding.</li> </ul>

		<ul style="list-style-type: none"> <li>• Exposure to high temperatures from autoclaves, or boiler steam.</li> <li>• Exposure to UV light while doing welding.</li> </ul>
	Facilities	<ul style="list-style-type: none"> <li>• Exposure to saw dust (carpentry section).</li> <li>• Exposure to asbestos dust during demolitions.</li> </ul>
	Plumbing	<ul style="list-style-type: none"> <li>• Exposure to confined spaces (tunnels).</li> </ul>
Lab 7 Annex		<ul style="list-style-type: none"> <li>• Exposure to chemicals (chloroform, ethanol)</li> <li>• Exposure to plant pathogens</li> </ul>
Lab 5		<ul style="list-style-type: none"> <li>• Exposure to chemicals (Ethidium bromide, chloroform, ethanol).</li> <li>• Exposure to UV radiation (fume hood)</li> <li>• Exposure to pathogenic biological agents.</li> </ul>
Lab 6		<ul style="list-style-type: none"> <li>• Exposure to radiation (chromium, tritium)</li> <li>• Exposure to animal blood</li> <li>• Exposure to chemicals (Ethidium bromide, other chemicals, dyes)</li> <li>• UV exposure</li> <li>• Exposure to pathogenic biological agents.</li> </ul>
Lab 4		<ul style="list-style-type: none"> <li>• Exposure to chemicals</li> <li>• UV exposure</li> <li>• Exposure to pathogenic biological agents.</li> </ul>
Lab 1		<ul style="list-style-type: none"> <li>• Exposure to chemicals (phenol, Chloroform)</li> <li>• Exposure to pathogenic biological agents.</li> </ul>
Central Core		<ul style="list-style-type: none"> <li>• Exposure to biological materials</li> <li>• Exposure to chemicals</li> </ul>