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Target Audience:
All HSE Inspectors

**OPERATIONAL WORK, RESEARCH AND THE WELFARE OF WORKERS:
GENERAL GUIDANCE AND ADVICE**

This OC provides advice to inspectors (especially those involved in Sector work) on the interpretation of operational activity versus occupational health research particularly when such work is project-based with employees as human volunteers.

INTRODUCTION

- 1 The health and safety of workers has been improved over the decades through research in the workplace: a better understanding of exposure pathways and control methodologies, has been followed by standard setting and improved regulation. Research underpins much of risk assessment.
- 2 There is an inevitable ‘grey area’ when the distinction between continuing operational activity and research becomes blurred.
- 3 It is, however, important when workers are asked to provide personal biological samples (including the taking of blood, breath or urine samples) or subjected to intrusive questioning that due consideration is given to the rationale underlying the activity. For the individual subject there are both moral and legal reasons to separate operational activity and research.

OPERATIONAL WORK

- 4 FOD’s (and Health & Safety Executive’s) operational activities revolve, almost entirely, around it’s primary role as Regulator, with the following two aims: to promote and to check compliance with health and safety legislation.
- 5 ‘Reducing Risks – Protecting People’ is Health and Safety Executive’s mission.
- 6 As part of this process it is sometimes necessary to check the effect of work on people’s health.
- 7 Statutory legislation (eg Control of Lead at Work Regs 1998) may require the biological monitoring of workers significantly exposed to a (chemical) hazard.
- 8 Biological monitoring may also be appropriate to assess exposure control under COSHH (1999) Reg.10.

9 Other legislation (e.g. COSHH, 1999) may require health surveillance (Reg.11 - when certain criteria apply, including that the exposure of the worker to a substance is such that an identifiable disease/adverse health effect may be related to the exposure, that there is a reasonable likelihood that the disease or effect may occur under the particular conditions of the work activity and that there are valid techniques for detecting indications of the disease or the effect.)

10 The results of any investigative procedures involving workers, whether for exposure assessment or health surveillance, should be conducted to accepted ethical standards and be based on current scientific evidence. In all instances operational activity should lead to some action that will be of benefit to the health of the worker(s).

RESEARCH

11 Research can be defined simply as an organised study or methodical investigation into a subject in order to discover facts, to establish or revise a theory, or to develop or plan action based on the facts discovered. In the area of the effect of work on human health it is about discovering new evidence in areas where such evidence either does not exist or is not so strong.

12 An operational investigation may become research when the intent of the project includes gathering data to contribute to generalisable knowledge, to improve health practice, or to improve benefits beyond the individual workers participating.

13 There have been occasions recently in FOD when some confusion has arisen as to the status of Health and Safety Executive's activity in relation to operational work (in line with statute) versus research, with some work falling into a 'grey area' somewhere in between the two.

14 Any investigation into the health of workers that is required by statute requires their cooperation (duty under Health and Safety at Work etc Act 1974). In the case of research, participation should be entirely voluntary.

15 It is important to recognise that any investigation involving workers can potentially pose a risk of harm to their physical, emotional or economic wellbeing. It is for this reason that there should be a requirement built into any work on human volunteers to consider the (medical) ethical issues. This needs to be done at the planning stage. Only in this way can HSE activity meet appropriate safeguards to protect the worker; to ensure that consents are fully informed; and, to comply with legislation (eg Data Protection Act) and ethical guidelines.

16 It should be deemed good practice that where biological monitoring or intrusive (personal) questioning is a part of any HSE activity, whether operational work or research, a health professional (from EMAS, for example) should be involved if only to ensure that the overall welfare of the worker(s) has been considered and that ethical procedures have been followed/are in place to avoid the inherent risks to the worker.

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