

**CAERPHILLY COUNTY
BOROUGH COUNCIL**

***Hand Arm Vibration Syndrome
(HAVS)***

Date: July 2003

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NOTE

Wherever the designation Manager is used throughout this policy, it is taken to mean Head of Service, Line Manager, Supervisor, Officer in Charge or anyone who has a responsibility for employees through their work.

The policy applies to all Council staff except those whose terms and conditions are governed by School Governing Bodies. Catering and cleaning employees employed as part of the Catering & Cleaning Direct Service Organisation **are** covered by this policy.

1.0 SECTION 1 – POLICY STATEMENT

- 1.1 Caerphilly County Borough Council believes that its employees are its most valuable resource and as a result high attendance at work by its employees plays a key role in providing efficient and effective services to the residents of the County Borough.
- 1.2.1 The Council's aim is to ensure that all reasonable steps are taken to protect the Health and safety of its employees who work with high vibration equipment.
- 1.2.2 The Council recognises that health and safety hazards may arise from using such equipment, therefore it is the intention, so far as is reasonably practicable, that any risks be reduced to a minimum, particularly those associated with HAVS.
- 1.2.3 The Council is committed to introducing a Health Surveillance Programme for employees who are at risk while using high vibration equipment.

2.0 SECTION 2 – SCOPE OF THE POLICY

- 2.1 This policy has been agreed with the Trade Unions and will apply to all employees except those whose terms and conditions are governed by School Governing Bodies who have not accepted the procedure. Where the school Governing Body has accepted the procedure, the provisions shall apply to those employees.
- 2.2 The effective date of the policy is ??????????.

3.0 SECTION 3 – KEY PRINCIPLES –

Vibration White Finger has been prescribed under the Industrial Diseases (Prescribed Diseases) Regulations since 1985.

In accordance with the Management of Health and Safety at Work Regulations 1999 and the Health and Safety at Work Act 1974, managers must ensure that a risk assessment is carried out in order to assess risks from working with high vibration equipment and to take measures to control these risks, so far as is reasonably practicable.

The Health and Safety Executive (HSE) has recommended health surveillance for all workers in jobs identified as giving significant risk of hand arm vibration syndrome.

Where a risk assessment indicates that an employee's daily exposure regularly exceeds $2.5\text{m/s}^2\text{A}(8)$ and the risks from HAVS are not adequately controlled then a programme of preventative measures and health surveillance must be introduced.

4.0 SECTION 4 – What is Hand Arm Vibration Syndrome (HAVS)?

Hand arm Vibration Syndrome is a generic term for a number of medical symptoms that can be contracted through the use of hand held tools and equipment. Conditions that may arise from regular exposure to vibrating tools include vibration white finger; carpal tunnel syndrome; permanent painful numbness and tingling of hands and arms; painful joints and muscle weakening and damage to bones in the hands and arms. The most notable of these is Vibration White Finger (VWF).

VWF, also known as ‘dead hand’ or ‘dead finger’, is a condition, which could affect those employees who regularly use high vibration equipment.

VWF can damage blood vessels, reducing blood supply and also nerves in the fingers, causing a permanent loss of feeling. The bones and muscles may also become damaged. Employees who get VWF may lose flexibility and strength of grip and find it more difficult to work with hand held equipment and to enjoy hobbies such as swimming, gardening and fishing.

VWF can often be aggravated by cold weather conditions.

In the early stages the symptoms are mild. The first sign is often an occasional attack when the tips of one or more fingers become white.

Symptoms range from these early signs to the very severe symptoms of frequent attacks affecting all of the fingertips, with trophic changes.

Trophic Changes: Muscle wasting, skin loses healthy appearance and is likely to breakdown.

5.0 **SECTION 5 – CAUSES of HAVS**

Regular work with vibratory equipment is the main factor to look for. Examples are listed below:

- Hydraulic breakers
- Power hammers
- Chain saws
- Chipping hammers
- Powered lawn mowers
- Disc cutters
- Hammer drills
- Strimmers/brush cutters
- Hand held polishers and sanders

This list is not exhaustive

The risk of developing HAVS depends on a number of factors, for example:

- The amount of vibration
- How long the tool was used for
- The health status of the individual
- The way in which the tool was used
- Working conditions, such as posture and how cold it was

6.0 **SECTION 6 – RESPONSIBILITIES**

The Chief Executive

The Chief Executive has ultimate responsibility for ensuring compliance with Health and Safety legislation within Caerphilly County Borough Council.

Director

The responsibility for implementing the requirements of this policy and the preparation of a departmental strategy rests with the Director of each directorate. Sufficient funds must be identified and made available for any screening necessary.

Health and Safety Team

Responsible for

- Providing appropriate and up to date advice on the implementation of the policy
- Facilitating the delivery of appropriate training and information sessions, working with Occupational Health in ensuring competencies of trainers, content and standardisation of training.
- Advice on risk reduction methods
- Advice on alternative tools
- Reporting all confirmed cases of HAVS to the HSE as soon as they are made aware

Occupational Health

Responsible for

- Co-ordinating of health surveillance of employees at risk
- Ensuring that external providers meet the required standards.
- Keeping medical records and health surveillance record in accordance with the Data Protection Act

External Providers

Will provide an appropriate and on going rolling programme of health surveillance for hand arm vibration syndrome

Departmental managers

Are responsible for:

- Ensuring risk assessments are carried out
- Providing equipment designed to minimise vibration, taking this into consideration when purchasing or leasing equipment.
- Maintaining equipment in good condition
- Identifying areas of concern
- Identifying risk control measures and put them in place
- Employees at risk are adequately informed of the risks and trained accordingly
- Ensuring workload is organised to avoid long periods of uninterrupted vibration exposure
- Enabling employees to keep warm when working in the cold
- Ensuring that Health and Safety are aware of all confirmed cases of HAVS

Employees

Employees must play their part in reducing the risk of contracting HAVS by:

- Taking an active part in any health and safety courses you are required to attend
- Reporting to your manager any equipment which is broken or faulty
- Reporting to your manager any equipment that produces high levels of vibration so that the risks can be properly assessed

- Trying to avoid long periods of using vibrating tools without a break
- Ensuring the right equipment is being used for a job
- Keeping the blood flow to the fingers
 - Keeping warm at work, especially hands
 - Not smoking whilst working – smoking affects blood flow
 - Exercising hands and fingers to increase blood flow
- Not ignoring symptoms, reporting them to your manager so that the appropriate action can be taken

7.0 SECTION 7 – HEALTH SURVEILLANCE

Even when preventative measures have been taken, some employees may remain at risk where high vibration equipment is used for long periods and particularly where vibration regularly exceeds 2.5m/s² A(8) In these circumstances, apart from the preventative measures that must be taken, managers must introduce a programme of routine health surveillance so that employees showing signs of injury can be medically assessed and advised about continuing to work with high vibration tools

Health surveillance will be available for all employees using high vibration equipment.

Health surveillance will take place on an annual basis.

Employees who exhibit signs and symptoms of HAVS will be monitored six monthly and will be referred to the Occupational Health Physician. Information and recommendations will be made to the Manager accordingly.

Individual employees may be referred to a further medical expert for confirmation of the diagnosis.

All confirmed cases of HAVS will be reported to the HSE.

8.0 **SECTION 8 – INFORMATION AND TRAINING FOR EMPLOYEES**

Managers need to ensure that employees know about the hazard and what they should do to reduce the risk. Employees need information and training on:

- The nature and risk of injury
- How to report any signs of injury. This will allow the manager to arrange for the injuries and the hazards in the workplace to be investigated.
- Action to take to minimise risk, including:
 - Good working practices to reduce vibration directed to the hands
 - How to grip tools properly and safely
 - Need to maintain good blood circulation by warming up before starting work in the cold and keeping warm while working.
 - Exercising fingers
 - The benefits of not smoking (smoking reduces blood circulation)
 - Reporting defects and problems with equipment and obtaining replacement where necessary.

APPENDICES

Caerphilly County Borough Council - Occupational Health Department

MEDICAL IN CONFIDENCE

**HAND ARM VIBRATION SYNDROME (HAVS)
QUESTIONNAIRE**

SECTION 1 – PERSONAL DETAILS

Surname:		Forename:	
Date of Birth:	Job Title:	Employee number:	
Directorate:	Division:	Location:	
Home Address:			
Postcode:		Telephone Number:	

SECTION 2 – MEDICAL HISTORY

	Y	N	Please specify:
Have you had a serious injury or operation to your neck or either hand or arm?			
Have you been told you or your family suffer from Raynaud’s Disease or Carpal Tunnel syndrome?			
Do you suffer from any medical condition or are you currently taking any medicine or tablets on a regular basis?			
Do you Smoke?			
Are you an ex-smoker?			
How many cigarettes do you smoke per day?	0-10		10-20
			Over 20
How many years have or did you smoke?	0-10 yrs		10-20yrs
			Over 20yrs

SECTION 3 – WORK HISTORY

	Y	N	Please specify:
Do you use vibrating tools as part of you job?			
How many years have you used vibrating tools?	0-5yrs		5-10yrs
			Over 10years
How many years have you worked for your present employer?	0-5yrs		5-10yrs
			Over 10years
How many months in total have you used vibrating tools in the last year?	0-4mths		4-8mths
			8-12mths
For how many hours each day would you actually use vibrating tools?	0-2hrs		2-4hrs
			Over 4hrs

New starter	<input type="checkbox"/>	No previous use	<input type="checkbox"/>
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MEDICAL IN CONFIDENCE

SECTION 2 – BLANCHING
carefully

Please read and answer all parts

Blanching (or whitening) occurs when the finger turns white due to loss of circulating blood and feels “dead”. It occurs intermittently in response to cold and progresses from the tip down, ending at one of the joints or at the base in severe cases. Often there is a clear line between the white area and the normal pink skin. An attack may end with the whiteness changing to a deep red flush which is often painful.

	Y	N	
Do your fingers blanch in response to cold?			If NO, continue to Section 5
Does blanching occur in the summer?			
Does blanching occur when you swallow?			
For how many years have you had blanching?	0-5 yrs	5-10yrs	Over 10 yrs
How long was it between the first use of vibrating tools and the first onset of blanching?	0-5 yrs	5-10yrs	Over 10 yrs
Is the blanching:	getting better	the same	getting worse
How often does blanching occur?	Occasionally (only when very cold)		Frequently (most days)

Which fingers are affected?

Precisely fill in the areas affected by blanching on the hands below:

MEDICAL IN CONFIDENCE

SECTION 5 – TINGLING/NUMBNESS *Please read and answer all parts carefully*

Do you get tingling and/or numbness of the fingers?		Yes	No
	Tingling		
	Numbness		
Does numbness persist for more than 2 hours after using vibrating tools?			
Does numbness only occur with blanching of the fingers and at no other time?			
Does the numbness depend on the position of your arm?			
Are you woken at night with numbness in the first two fingers and thumb?			
Does numbness occur:	Intermittently? (some of the time)	Persistently? (most of the time)	
In which hand does numbness occur?	Right	Left	Both
How long have you had numbness?	0-5 yrs	5-10yrs	Over 10 yrs

	Yes	No	
Can you feel a light touch on your warm fingers?			
Can you normally feel the difference between a sharp and a dull knife-edge?			
Can you normally feel a light brush against your fingertips?			
Does a pin - prick feel sharp to you?			
Generally, can you recognise a small object by touch alone? (e.g. a small screw?)			
Do you need help to dress in the morning, e.g. with buttons or shoelaces?			
	Right	Left	Both
If you have answered positively to any of the above questions, which hand is affected?			
Which is your dominant hand?			

SECTION 6 – CONSENT *For completion by the employee*

I hereby declare that all the medical information given by me to the Occupational Health Department is true and accurate to the best of my belief and knowledge

Signature:

Date:

MEDICAL IN CONFIDENCE

SECTION 7 – SCREENING, EXAMINATION & ASSESSMENT

SCREENING: *For completion by the Occupational Health Nurse*

	YES	NO	
HAVS information issued			
Signature of screening Staff:	OH Nurse		Date:

EXAMINATION: *For completion by Doctor*

Room Temperature _____ °C

Appearance of hands. *Note any sign of vascular disease, deformity, scars and callosities, duypytre's contracture, abductor pollicis brevis wasting.*

Describe any abnormality of neck and upper limbs.

Circulation, pulse and blood pressure

Radial Pulse (bpm)	RIGHT		LEFT	
Ulnar Pulse	RIGHT		LEFT	
Blood Pressure	<u>RIGHT HAND</u> Normal		<u>LEFT HAND</u> Normal	
	YES	NO	YES	NO
Light touch				
Pin prick				
Two point discrimination				
Grip strength				
	kg		kg	

Further tests where appropriate (please tick)	RIGHT		LEFT	
	Normal	Abnormal	Normal	Abnormal
Adson's test				
Allen's test				
Tinel's test				
Phalen's test				
VASCULAR				
	YES		NO	
Primary Raynaud's Present?				
Secondary Raynaud's present?				
If so is this vibration induced?				
Severity	Stockholm grading (V)			
	RIGHT		LEFT	
	/33		/33	
NEUROLOGICAL				
Neurological impairment suggested by screening tests			YES	NO
Severity based on screening tests				
Stockholm Neurological grading (SN)			RIGHT	LEFT
MUSCULOSKELETAL				
Muscular or soft tissue disorder present	YES		NO	
Evidence of skeletal disorder				
Latent periods <i>please specify on the following:</i>				
Vascular				Years
Neurological				Years
Musculoskeletal				Years
Referral for objective testing required	YES		NO	
Fit to work with exposure to hand transmitted vibration	YES		NO	
<u>COMMENTS:</u>				
Date of next review:				
Employee Declaration: I confirm the responses are true to the best of my knowledge				
Employee signature:			Date:	
Medical Officer Signature:			Date:	

HAND – ARM VIBRATION SYNDROME (HAVS)

Managers Check List

	<i>X as appropriate</i>		
	Yes	No	N/A
Has a suitable and sufficient risk assessment been carried out to assess the risks caused by working with high vibration equipment?			
Has action been taken as a result of the assessment to reduce the risk?			
Are Managers made aware of the action they can take to reduce vibration?			
Are employees made aware of the action to take to reduce the risk of contracting VWF?			
Are employees given appropriate information and training when using high vibration equipment?			
Are “Health Surveillance” procedures in place?			
Where appropriate, are pre-employment medical examinations carried out?			
Are there monitoring procedures in place?			

Completed by:

Confirmed by:

Name:

Name:

Designation:

Designation:

Date:

Date:

SOURCES OF FURTHER INFORMATION

Occupational Health Nurse	01443 864375
Health Safety and Welfare Officer	01443 864339
Corporate Health and Safety Unit	Tir y Birth
Health and Safety Executive	Hand-Arm Vibration HS(G) 88 HSE Books HMSO
	www.hse.gov.uk/vibration/issues.htm